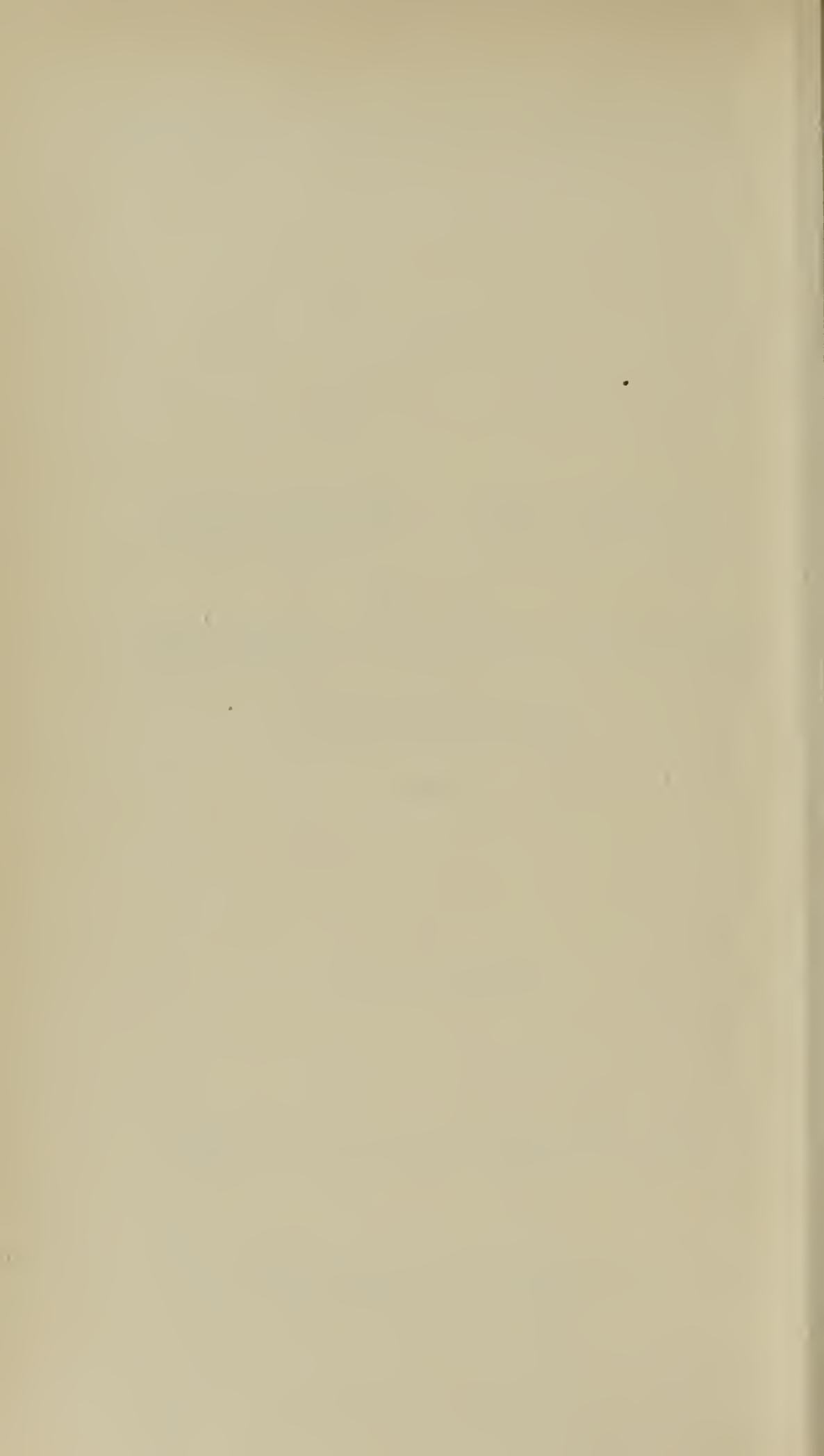


CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1961

R. N. CURNOW, M.B., B.S., D.P.H.



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HEALTH COMMITTEE

(as constituted at 31st December, 1961)

Chairman:

Mrs. M. F. WILLIAMS, O.B.E.

Vice-Chairman:

W. J. T. PETERS

Members:

Major S. E. BOLITHO, M.C.	E. G. LILLEY
S. J. L. CHUBB	W. E. MILLER, M.B.E.
E. E. CORY	E. J. MUTTON
Mrs. K. DALE	W. G. OLD
T. B. EDDY	J. C. PENBERTHY
F. EDE	A. SLOMAN
F. G. FORD	R. F. SMITH
Mrs. L. GARSTIN	J. M. TAMBLYN
W. F. GLUYAS	Mrs. E. V. TOWNSEND
F. L. HARRIS, O.B.E.	Mrs. D. E. TREFFRY
J. H. HAWKEN	P. M. WILLIAMS, O.B.E.
R. LACEY	Mrs. D. M. WILLS

Representatives of Area Sub-Committees:

Area I	J. G. CORIN	Area IV	H. A. HAWKEN
Area II	W. HART	Area V	E. H. PAUL
Area III	Dr. E. H. EASTCOTT	Area VI	Mrs. J. B. WHITEHOUSE
	Area VII	Mrs. M. E. S. COUCH	

Co-opted Members:

Mrs. W. G. BULTEEL	... County Nursing Association
Dr. J. P. B. ARTHUR	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. W. LESLIE	... Local Medical Committee

Ex Officio:

The Chairman of the County Council.
The Vice-Chairman of the County Council.
The Chairman of the Finance Committee.

The work of the Health Committee is largely done through the following Sub-Committees:—

Ambulance Sub-Committee
Finance and General Sub-Committee
Maternity and Child Welfare Sub-Committee
Mental Health Sub-Committee
Welfare Sub-Committee
Welfare House Sub-Committees
and
7 Health Area Sub-Committees

To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the health of the County of Cornwall for the year 1961. The statistics show that the health of the County has continued to be satisfactory.

The number of deaths from tuberculosis continued at a very low level, and the number of notifications of new cases showed an extremely encouraging fall. It is interesting that the age group in which this fall occurred most markedly is the group which contains the youngsters who have had the opportunity of B.C.G. vaccination as school leavers. We are at last reaping some reward for the immense amount of hard work undertaken in connection with the B.C.G. vaccination scheme.

The still birth rate and the rate of infant deaths in the first week of life showed a disappointing rise for the first time for many years. The rise is difficult to explain, but will certainly have to be watched.

The most rapid progress has been made in the fields of Welfare and Mental Health. The Welfare Section contributed by Mr. Mountford draws attention to the opening of the first purpose-built Home for frail elderly people at Blackwood House, Camborne. There is also an account of conferences held with District Councils in connection with the provision of special housing and welfare services for the elderly. These conferences were most successful, and were undoubtedly inspired by the enthusiasm on the part of everyone at the meetings to do the right thing for the welfare of old people from the point of view both of the District and County Councils. The sense of unity of purpose at these conferences was most encouraging. Notice is also taken of the sort of work being undertaken by the newly appointed Family Welfare Workers.

In the Mental Health Section, Mr. Pascoe draws attention to the expansion of the staff to deal with the greater load being placed upon the community services, and arrangements for secondment of members of the staff for training. The problem of finding accommodation in suitable hospitals for mentally sub-normal patients in Cornwall which was so acute previously, has largely been resolved with the help of the South Western Regional Hospital Board. A start has been made with a comprehensive training scheme for the mentally sub-normal, the building of the first two such Training Centres having been started in the year under review and is now nearing completion. A start has also been made during the year in building a special Home for mentally

frail old people which is a completely new venture. It will be a most interesting Home to run, and should fulfil a long-felt need. It is disappointing, however, that the Assessment and Short-term Treatment Unit to be provided by the Regional Hospital Board and from which we should receive our residents after thorough investigation and treatment has not yet been commenced. It is to be hoped that this Unit will not be much longer delayed.

In the Section of the Report dealing with the Sanitary Circumstances, contributed by Mr. Saunders, are two new tables which deal with Housing and Meat Inspection, both of them the functions of District Councils and not of the County Council. The table on Meat Inspection has been made available by courtesy of the District Medical Officers of Health and Public Health Inspectors of the Local Authorities concerned, and the tables on Housing by courtesy of the 30 Local Authorities within the County. It was thought it might be interesting to the Authorities themselves to provide this information for the whole County. This Section also shows the immense amount of work being done on schemes of water supply and sewage disposal in Cornwall. 118 schemes of water supply, estimated to cost £4,582,018, had been completed or were in progress at the end of the year, and similarly, 85 schemes of sewerage and sewage disposal, estimated to cost £1,406,167, had been completed or were in progress.

It is sad to have to report the death during the year of Mr. H. J. Eagleson, L.D.S., who had given us many years faithful service as a Dental Officer. He is being sadly missed.

Finally, I would express my sincere appreciation of the continuing help and encouragement which I have always received from the Chairman and Members of the Health Committee, the support of the many Voluntary Organisations which are associated with my Department, and the zeal and enthusiasm of the staff of the Health Department.

I am,

Your Obedient Servant,

R. N. CURNOW,

County Medical Officer.

County Hall,
Truro.

Telephone Number — Truro 4282.

July, 1962.

CORNWALL COUNTY COUNCIL

FOR THE YEAR 1961.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and Principal School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Assistant County Medical Officer and Supervisor of Midwives:

MARY M. M. BOYD, M.Sc., Ph.D., M.B., Ch.B. (Hons)., M.R.C.P.
(Edin.), D.P.H., D.Obst.R.C.O.G., D.C.H.

Assistant County Medical Officers:

Area 1 (Penzance)

D. L. JOHNSON, M.R.C.S., L.R.C.P., D.P.H.

Area 2 (Redruth)

J. A. W. REID, M.B., Ch.B., D.P.H.

Area 3 (Truro)

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.

Area 4 (St. Austell)

J. G. S. TURNER, C.M.G., M.B., Ch.B., B.Sc., D.P.H., D.T.M.

Area 5 (Wadebridge)

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

Area 6 (Launceston)

*W. PATERSON, M.B., Ch.B., D.P.H.

Area 7 (Liskeard)

P. J. FOX, M.B., B.Ch., D.P.H.

*Also School Medical Officer.

Senior School Medical Officer:

G. W. WARD, M.B., Ch.B., D.P.H.

School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.
 MARGOT M. COOK, M.D., D.T.M. & H.
 MAIR L. JENKINS, B.Sc., M.B., B.Ch. (Comm. 5.6.61)
 C. L. KNIGHT, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H. (Left 31.5.61)
 D. M. McCARTHY, L.R.C.P. & S., L.M.
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.
 M. D. H. MYHILL, B.M., B.Ch., D.P.H. (Comm. 21.8.61)
 §W. PATERSON, M.B., Ch.B., D.P.H.
 ISOBEL R. S. PATTERSON, M.B., Ch.B., D.P.H. (Comm. 1.6.61)
 §J. REED M.B., Ch.B., B.Sc., D.P.H.
 B. ROBERTS, M.R.C.S., L.R.C.P. (Left 7.5.61)
 P. R. WILSON, L.R.C.P. & S.

§Also Assistant County Medical Officer.

Chief Dental Officer:

C. A. REYNOLDS, L.D.S.

Dental Officers:

Whole-time:—

R. A. CURRIE, L.D.S.
 H. J. EAGLESON, L.D.S. (Died 18.5.61)
 Mrs. M. E. GOODYEAR, L.D.S.
 W. A. GRUNWELL, L.D.S.
 R. H. HAMLYN, L.D.S.
 J. E. KENNY, L.D.S.
 Miss P. M. SIMPSON, L.D.S. (Comm. 3.7.61)
 D. J. WHEELER, B.D.S. (Comm. 16.10.61)

Part-time:—

R. T. D. FORSYTH, B.D.S. (Comm. 31.10.61)
 D. J. O'GALLAGHER, L.D.S. (Comm. 13.3.61, Left 6.10.61)
 Mrs. S. M. SATCHWELL, B.A., L.D.S.

County Public Health Officer:

W. R. SAUNDERS, M.A.P.H.I., M.R.S.H.

Assistant County Public Health Officer:

A. ROWE, Cert. R.S.I. (Comm. 22.5.61)

County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:

Miss ANN WHITE, M.B.E., S.R.N., S.C.M., H.V.Cert., Q.N.S.

Deputy County Nursing Officer, etc.:

Miss E. M. TEAGUE, S.R.N., S.C.M., H.V. Cert., Q.N.S.

Assistant County Nursing Officers:

Area 1—Miss A. HANSBURY, S.R.N., S.C.M., H.V.Cert. Q.N.S.
(Left 30.9.61)

Area 2—Miss A. HOWARTH, S.R.N., S.C.M., H.V.Cert., Q.N.S.
(Left 26.5.61)

Area 3—Miss E. J. JENNINGS, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Area 4—Miss M. E. SPEAR, S.R.N., S.C.M., H.V.Cert., Q.N.S.

Area 5— } Miss K. A. PURKISS, S.R.N., S.C.M., H.V.Cert., Q.N.S.
Area 6— }

Area 7—Miss G. I. JESS, S.R.N., S.C.M., H.V. Cert., Q.N.S.

County Ambulance Officer:

T. C. TRESIDDER, Commander of the Order of St. John.

Chief Control Officer:

W. H. MAYCOCK, Serving Brother, Order of St. John.

Transport Officer:

J. J. PEARCE, Officer Brother, Order of St. John.

Civil Defence Training Officer:

F. POLKINGHORNE, Officer Brother, Order of St. John.

County Welfare Officer:

F. R. MOUNTFORD, D.P.A., A.C.I.S., Barrister at Law.

Assistant County Welfare Officer:

W. C. ODGERS

Social Welfare Officer:

Mrs. B. J. BANHAM, B.Sc. (Hons.) S.R.N., Diploma Social Studies
(Left 31.8.61)

Miss E. DENNIS, S.R.N., H.V.Cert. (Comm. 4.9.61)

District Welfare Officers:

T. H. E. BECKETT.

B. BUCKINGHAM

R. J. HURLEY, D.S.A.

Assistant District Welfare Officers:

D. J. CASTLE
J. R. C. CLEMO

County Mental Health Officer:

F. E. PASCOE, R.O.'s Cert.

Assistant County Mental Health Officer:

M. A. GILLESPIE, A.A.P.S.W. (Comm. 1.5.61)

Educational Psychologist:

P. F. PORTWOOD, B.Sc., Dip. Psych., A.B.Ps.S.

Assistant Educational Psychologist:

J. J. GROVER, B.A., Dip. Ed.

Psychiatric Social Worker:

Miss B. ROGERS, Social Science Diploma. (Left 9.3.61)

Mental Health Social Workers:

Miss D. M. SWEET, S.R.N. (Comm. 24.7.61)
Miss W. B. TRUSCOTT

Mental Welfare Officers:

Area 1—*R. W. RICHARDS
Area 2—F. A. MARKS
Area 3—S. R. MOYSE
Area 4—W. St. A. SWEET
Area 5—*A. J. ARMSTRONG
Area 6—*H. DAVEY, R.O.'s Cert.
Area 7—W. V. COUCH

Assistant Mental Welfare Officers:

Area 1—*G. T. ARMSON, R.M.N. (Comm. 1.8.61)
Area 2—J. R. ALLAM, S.R.N., R.M.N. (Comm. 22.5.61)
Area 3—M. WILLS, S.R.N., R.M.N.
Area 4—W. B. STEVENS, S.R.N., R.M.N.
Area 7—N. POWER (Comm. 8.8.61)

*These officers also carry out Welfare duties under Part III
of the National Assistance Act, 1948

Supervisor of Training of the Mentally Handicapped:

Mrs. R. M. BLAKE, N.F.U., Diploma N.A.M.H.

Teachers of the Mentally Handicapped:

Miss A. BALCOMBE, Diploma N.A.M.H.
 P. M. BLAKE, Diploma N.A.M.H. (Comm. 11.9.61)
 Miss E. R. CREWE, Diploma N.A.M.H.
 Miss W. E. GLOYN, Diploma N.A.M.H.
 Miss R. K. MORROGH (Comm. 11.9.61)
 Miss O. TRIST, Diploma N.A.M.H.

County Home Help Organiser:

Mrs. E. L. CROTHERS, B.E.M.

Assistant County Home Help Organiser:

Miss D. J. BLIGHT

Speech Therapist:

Mrs. S. QUIXLEY, L.C.S.T. (Left 28.2.61)
 Miss J. D. KING, L.C.S.T. (Comm. 1.2.61)

Teacher of the Deaf:

L. H. THOMAS, Dip. N.C.T.D., Dip. Audiology

PART-TIME OFFICERS:

Chief Inspector under Food and Drugs Acts:

K. R. C. MARTIN, M.I.W.M.A. (also Chief Inspector of Weights & Measures)

Public Analyst:

ERIC VOELCKER, A.R.C.S., F.R.I.C.
 Analytical Laboratory, Stuart House, 1, Tudor Street,
 London, E.C.4.

County Pathologist:

F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S.,
 Royal Cornwall Infirmary, Truro.

Chest Physicians: (under Regional Hospital Board)

L. W. HALE, M.D., F.R.C.P.
 B. A. G. JENKINS, M.D., M.R.C.P.
 R. L. RAY, M.B., B.S.
 J. C. MELLOR, M.B., Ch.B.

Adviser on Mental Health:

J. F. DONOVAN, M.R.C.S., L.R.C.P., D.P.M.
 (Consultant Psychiatrist)

STATISTICS AND SOCIAL CONDITIONS

Area of the County	...	...	...	864,126 acres
Population 1961 (R.G.'s mid-year estimate)	...			333,590
Population 1961 Census	...	...	...	339,473
Population 1951 Census	...	...	...	343,447
Censal Decrease	...	...	...	3,974
Percentage Decrease	...	...	...	1.2
Number of private dwellings (1961 Census)	...			116,292
Rateable Value	...	...	...	£3,804,409
Sum represented by 1d. rate	...	...	...	£15,450

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1957—61 is shown in the following table:—

	1957	1958	1959	1960	1961
Urban Districts ..	186,800	186,600	187,000	187,460	186,100
Rural Districts ...	151,970	150,780	150,580	149,650	147,490
Administrative County ...	338,770	337,380	337,580	337,110	333,590
Increase or decrease over previous year ..	+ 10	—1,490	+ 200	—470	—3,520

Table I at the end of the Report shows the estimated population and number of births and deaths for 1961 in each of the County Districts in the County, whilst Table II gives a summary of these statistics for the County for recent years.

Births and Birth Rate

Live Births		Male	Female	Total
Legitimate	...	2,389	2,202	4,591
Illegitimate	...	135	124	259
Total	...	2,524	2,326	4,850

Birth rate per 1,000 of the population ... 14.54

Still Births				Male	Female	Total
Legitimate	...	...		70	44	114
Illegitimate	...	...		6	4	10
Total	...	...		<u>76</u>	<u>48</u>	<u>124</u>

Still birth rate per 1,000 total births ... 24.93

The Birth Rate of 14.54 compares with a rate of 14.7 in 1960. The following are the rates for recent years:—

				Cornwall	England & Wales
1952	...	...	...	14.3	15.3
1953	...	...	...	14.0	15.4
1954	...	...	...	14.1	15.1
1955	...	...	...	13.0	15.0
1956	...	...	...	14.0	15.6
1957	...	...	...	14.1	16.1
1958	...	...	...	14.4	16.4
1959	...	...	...	14.2	16.5
1960	...	...	...	14.7	17.2
1961	...	...	...	14.5	17.4 (provisional)

Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	...	...	...	2,330
Females		...	...	2,426
Total	...	...	...	<u>4,756</u>

This gives a death rate of 14.3 as compared with a rate of 13.7 in 1960. The following are the death rates for recent years:—

				Cornwall	England & Wales
1952	...	...	...	12.8	11.3
1953	...	...	...	13.2	11.4
1954	...	...	...	13.2	11.3
1955	...	...	...	13.8	11.7
1956	...	...	...	13.7	11.7
1957	...	...	...	13.3	11.5
1958	...	...	...	13.7	11.7
1959	...	...	...	13.4	11.6
1960	...	...	...	13.7	11.5
1961	...	...	...	14.3	12.0 (provisional)

Infant Mortality

There were 107 infant deaths registered during the year, giving an infant mortality rate of 22.1 per 1,000 live births. This compares with a rate of 17.6 in 1961.

Chief causes of death at all ages

	1960	1961
Disease of Heart and Blood Vessels ...	1,974	2,022
Cancer	744	773
Vascular lesions of nervous system ...	741	680
Respiratory disease	341	396
Suicide and deaths from violence ...	153	171
Tuberculosis	22	23

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1 — 5 ...	—	—	—	—	—
5 — 14 ...	—	—	—	—	—
15 — 24 ...	—	1	1	—	2
25 — 44 ...	6	5	5	—	16
45 — 64 ...	109	45	80	41	275
65 — 74 ...	155	119	126	92	492
75 and over ...	257	375	188	239	1,039
	527	545	400	372	1,824*

* * including 2 deaths in the Isles of Scilly.

Number of Deaths at Different Periods of Life

Age Group		Male	Female	Total
Under 1 ...	...	71	37	108
1 — 4 ...	...	8	5	13
5 — 14 ...	...	13	12	25
15 — 24 ...	...	24	16	40
25 — 44 ...	...	75	61	136
45 — 64 ...	...	526	359	885
65 — 74 ...	...	674	608	1,282
75 and over ...	...	946	1,334	2,280
		2,337	2,432	4,769*

* including 13 deaths in the Isles of Scilly.

The following table shows the number of deaths which occurred in the various age-groups, out of every 1,000 deaths which occurred in the County in the years 1911 and 1961:—

1911			1961
171	...	Under 1 year of age	23
62	...	Aged 1 year to 4 years	3
38	...	Aged 5 years to 14 years	5
44	...	Aged 15 years to 24 years	8
275	...	Aged 25 to 64 years	214
410	...	Aged 65 years and over	747

NATIONAL HEALTH SERVICE ACTS, 1946—57.

ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:—

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
1	Bellair, Alverton, Penzance.	Penzance M.B.	3,155	19,010
		St. Ives M.B.	4,287	8,580
		St. Just U.D.	7,634	3,540
		West Penwith R.D.	59,792	16,790
			<hr/> 74,868	<hr/> 47,920
2	Station Hill, Redruth.	Helston M.B.	4,014	6,960
		Camborne-Redruth U.D.	22,062	35,570
		Kerrier R.D.	90,839	23,990
			<hr/> 116,915	<hr/> 66,520
3	6/7, Lemon Street, Truro.	Falmouth M.B.	1,880	15,020
		Penryn M.B.	829	4,680
		Truro City	2,634	13,460
		Truro R.D.	108,316	26,920
			<hr/> 113,659	<hr/> 60,080

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,100
		Lostwithiel M.B.	3,256	1,920
		Newquay U.D.	4,599	10,730
		St. Austell U.D.	18,379	24,840
		St. Austell R.D.	82,389	20,600
			<hr/>	<hr/>
			111,502	60,190
			<hr/>	<hr/>
5	Brooklyn, Wadebridge.	Bodmin M.B.	3,312	6,080
		Padstow U.D.	3,343	2,560
		Wadebridge R.D.	88,230	14,140
			<hr/>	<hr/>
			94,885	22,780
			<hr/>	<hr/>
6	Launceston	Launceston M.B.	2,182	4,420
		Bude-Stratton U.D.	4,294	4,910
		Camelford R.D.	52,544	6,710
		Launceston R.D.	73,051	5,990
		Stratton R.D.	56,285	4,630
			<hr/>	<hr/>
			188,356	26,660
			<hr/>	<hr/>
7	Westbourne, Liskeard.	Liskeard M.B.	2,704	4,460
		Saltash M.B.	5,335	7,360
		Looe U.D.	1,691	3,670
		Torpoint U.D.	975	6,230
		St. Germans R.D.	48,433	14,410
		Liskeard R.D.	104,803	13,310
			<hr/>	<hr/>
			163,941	49,440

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council provides for the care of mothers and young children under Section 22 of the National Health Service Act.

Unfortunately this year has seen a substantial rise in the Perinatal Mortality Rate, 38.01 compared with 31.0 last year and 35.5 in 1959. This rate is a sensitive index of the standard of maternal care in all its aspects. It includes the number of stillbirths plus the number of babies dying in the first week of life per 1,000 total births, as similar causes operate in both cases.

Ante Natal Care

Clinics for expectant mothers are held as before in the larger towns and are under the auspices of the Regional Hospital Board. These clinics are staffed by hospital consultants.

Clinics held by domiciliary midwives for their own patients are growing and are held throughout the County. These clinics are mainly educational, where instruction in mothercraft, relaxation, physiology, preparation for labour etc., is given to small groups. Some classes are held in clinic premises or Church Halls, and others in a nurse's home or even in the home of one of the expectant mothers. The number of classes varies from time to time depending on the demand. During the year 1,521 women made 6,657 attendances — 205 more women than in 1960. In addition Mothers' Clubs are held in several towns, and are increasingly popular.

Maternity Accommodation

Maternity beds are provided by the Regional Hospital Board. Patients whose homes are unsuitable for a domiciliary confinement are referred by the County Medical Officer after consideration of their domestic circumstances.

The West Cornwall Hospital was re-opened in January, 1961 to provide 5 bookings per month on social grounds in the Penzance area. There has been a heavy demand on these beds, but no woman in need has been refused a bed as needy applicants in excess of 5 could be referred to Redruth Hospital. It is hoped to open the Edward Bolitho Home, Penzance, before the end of 1962, and this should provide ample maternity accommodation in the area.

All women who need beds for medical reasons are referred by their own doctors to the consultant obstetricians.

In the east of the County only one change in maternity accommodation has occurred in 1961, an extra booking at Devonport being made available for Cornwall in June. The number of beds is adequate to meet the requirements on social grounds.

A total of 491 women were recommended for beds on social grounds. This is a slight drop from last year's figure (532) and may reflect the improvement in housing conditions with the progress of building and modernisation of houses as well as improved water supplies.

The total was made up as follows — Redruth Hospital 7 (14), Old Tree Maternity Home, Launceston 200 (239), Trebarras Maternity Home, Liskeard 123 (136), Tavistock Maternity Home 72 (98), Devonport Maternity Home 34 (18), Freedom Fields Hospital nil (3), Alexandra Maternity Home, Plymouth 8 (24), West Cornwall Hospital 47 (nil).

A number of doctors prefer to refer their patients to Redruth Hospital themselves rather than have them recommended by the County Medical Officer on social grounds.

The proportion of hospital confinements is shown in the following table:—

Year	Total No. of births	Percentage of total births occurring in:—			Midwives	
		Patient's Home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1941	5290	65.2	19.1	15.7	231	137
1951	4979	58.3	34.8	6.9	187	120
1952	4993	58.7	35.6	5.7	184	120
1953	4870	55.36	40.92	3.72	186	127
1954	4977	54.22	42.74	3.04	198	135
1955	4547	57.11	40.06	2.83	185	135
1956	4883	54.16	42.69	3.15	173	127
1957	4918	51.71	46.37	1.9	176	132
1958	4999	50.25	48.07	1.7	165	124
1959	4860	50.42	47.15	2.43	160	123
1960	5037	51.02	46.87	2.11	171	125
1961	4940	49.85	48.17	1.98	196	144

Maternity Outfits

Sterilised maternity outfits are available for all domiciliary confinements without charge, and are distributed by midwives to their patients.

Care of Unmarried Mothers

All the services are available to unmarried mothers, many of whom are in need of extra help and advice. The Cornwall Social and Moral Welfare Association is subsidised by a grant from the County Council, and the workers of this Association do much of the work for unmarried mothers and their babies. Rosemundy Home at St. Agnes is maintained by the Association, as well as a hostel at Morwenna, Penzance. Girls are admitted to Rosemundy Home several weeks before their confinements and remain afterwards until suitable arrangements have been made for the care of their babies. There were 56 admissions during the year. (Cornish girls 30, non-Cornish but working in Cornwall 5, admitted from other Counties 21). At Morwenna there were 34 admissions, 31 Cornish and 3 non-Cornish but working in Cornwall.

Puerperal Pyrexia

Under the Puerperal Pyrexia Regulations 1961, there were 68 notifications (62 in hospital and 6 in domiciliary practice).

Ophthalmia Neonatorum

No cases were notified during the year, but 48 cases of sticky eyes were notified to doctors by the district midwives and were treated.

Maternal Mortality

There were 5 deaths associated with childbirth, giving a maternal mortality of 1.01 per 1,000 total births. One of these deaths was due to toxæmia of pregnancy in a woman of 37 having her third baby, booked for home confinement but sent to hospital as an emergency. The baby was stillborn. Another was due to ruptured uterus in a difficult labour in a woman of 35 having her third baby in a maternity home. The baby was stillborn. A third was due to pulmonary embolus following thrombophlebitis in the puerperium in a woman of 41 with mild varicose veins. The patient was transferred to hospital when early signs developed. The fourth in a nineteen-year-old primigravida, was due to pneumonia following influenza developed just before delivery, and occurred at home where the confinement had been arranged. The baby was stillborn and a little premature. The other death occurred after 3 months of a second pregnancy in a woman of 34, and followed peritonitis due to septic abortion and perforated appendix. She was sent into hospital as an emergency at the onset of abortion.

The following table shows the rates for recent years:—

Year		Total Maternal Deaths	Maternity Mortality Rates		
			Cornwall	England & Wales	
			Annual	Quinquennial	Annual
1952	...	7	1.40	1.06	0.67
1953	...	4	0.82		0.71
1954	...	5	1.01		0.65
1955	...	2	0.44		0.59
1956	...	8	1.65		0.52
1957	...	2	0.41	0.68	0.45
1958	...	4	0.81		0.43
1959	...	4	0.81		0.38
1960	...	3	0.6		0.39
1961	...	5	1.01		

Toxaemia of Pregnancy

Toxaemia of pregnancy is a cause of many premature and stillbirths. The cause of this condition is obscure, but it is essential that patients suffering from it should have complete rest in bed. In the early stages they often feel very well and it is difficult to convince them of this need. The policy of providing a home help free for a short period was continued. This is only supplied when no other help is available, and during the year 16 new cases were included in the scheme. All 16 had live births, 5 after removal to hospital.

Infant Mortality and Stillbirths

In 1961, 104 babies died during their first year, compared with 90 in 1960 and 81 in 1959. This gives an infant mortality rate of 21.6 per 1,000 live births. The rate was 18.2 in 1960 and 16.9 in 1959. Seven infants weighed under 2 lbs. and were born at such an early stage of pregnancy as to be barely viable.

Stillbirth Rates

Year		Number of Stillbirths	Cornwall		England & Wales
			Annual	Quinquennial	Annual
1952	...	115	23.0	26.98	22.7
1953	...	118	24.1		22.4
1954	...	158	31.4		24.0
1955	...	129	28.8		23.1
1956	...	132	27.6		23.0
1957	...	148	30.1	25.35	22.4
1958	...	129	26.1		21.6
1959	...	127	25.8		20.8
1960	...	98	19.65		19.7
1961	...	120	25.13		

It is disappointing that in 1961 both the infant deaths and the stillbirths rose. There were 120 stillbirths (98 in 1960) and 68 (58) babies died in the first week of life, making a total of 188 (156). These early neonatal deaths are linked with the stillbirths to give the perinatal mortality rate. This year's figure interrupts the downward trend over recent years.

The following table shows the rates for the past 10 years:—

Year	Still-births	Infant Deaths First Week	Total	Perinatal Mortality Rates	
				Cornwall	England & Wales
1952	115	92	207	41.5	37.5
1953	118	85	203	41.7	36.9
1954	158	49	207	41.6	38.1
1955	129	75	204	45.5	37.4
1956	132	78	210	43.0	36.7
1957	149	73	222	44.9	36.2
1958	129	54	183	36.6	35.0
1959	126	47	173	35.6	34.0
1960	98	58	156	31.0	33.0
1961	120	68	188	38.01	

Investigations were made into all these stillbirths and deaths. The causes were:—

	Stillbirths		First week deaths			
	Pre- mature	Full Term	Pre- mature	Full Term	Totals	
Difficult labour and birth injury	...	5	20	7	11	43
Associated with pre-eclamptic toxaemia	...	17	14	7	1	39
Congenital malformations	...	9	8	5	6	28
Associated with ante-partum haemorrhage	...	6	7	6	—	19
No ante-natal care	...	3	—	5	—	8
Infection of mother or infant	...	3	3	2	—	8
Rhesus incompatibility	...	5	2	1	1	9
Placental or cord abnormalities	...	—	2	1	—	3
Other causes	...	3	1	3	5	12
Unknown	...	5	7	7	—	19
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		56	64	44	24	188
		120		68		

104 babies died during their first year of life, of whom 48 had been prematurely born. 7 of the babies who died were illegitimate; 4 of these died in the first week of life and 3 between 1 month and 1 year.

The number of babies dying during the first month of life was 74 (68) and of these 68 died in the first week.

Investigation were made into all these infant deaths. The causes were as follows:—

		Neo-natal Deaths (under 4 weeks)		
		Premature	Full Term	Total
Prematurity only	...	23	0	23
Birth injury and difficult labour	...	7	12	19
Congenital abnormalities	...	6	7	13
Respiratory distress syndrome of the newborn	...	5	3	8
Atelectasis	...	2	1	3
Haemorrhagic disease of the newborn		0	2	2
Rhesus incompatibility	...	1	1	2
Other causes	...	2	2	4
		—	—	—
		46	28	74
		—	—	—

30 infants died after 1 month of age, but before 1 year (22 in 1960). More than usual of these deaths were due to infection, especially chest infections. In fact the excess of deaths in this group of infants is due to those infections.

		Infant Deaths (over 4 weeks)	
Infections			
Bronchitis and bronchopneumonia	...	12	
(2 premature)			
Septicaemia	...	2	
Meningitis	...	1	
Enteritis	...	1	
		—	16
Congenital malformations	...		6
Congenital malformations with infection	...		3
Suffocation	...		2
Progressive neuromuscular disease	...		2
Malignant disease	...		1
			—
			30
			—

Infant Mortality Rates				
		Cornwall		England & Wales
Year		Annual	Quinquennial	Annual
1898	...	156.2		160
1900	...	126.3		154
1910	...	85.5		105
1920	...	59.5		80
1930	...	51.3		60
1940	...	48.3		55
1950	...	29.2		30
1951	...	33.0		29.6
1952	...	30.6		27.6
1953	...	27.0	25.7	26.8
1954	...	20.8		25.5
1955	...	26.7		24.9
1956	...	23.2		23.8
1957	...	24.8		23.0
1958	...	19.3	20.16	22.2
1959	...	16.9		22.0
1960	...	18.2		22.0
1961	...	21.6		

Deaths of Children 1—4 years

There were 13 deaths in this group. The causes were:—

Respiratory Tuberculosis	...	...	...	1
Measles	...	..	...	1
Pneumonia	...	...	...	1
Other respiratory disease	...	...	...	1
Congenital malformations	...	...	...	2
Other defined and ill-defined diseases			...	7
				—
				13
				—

Premature Babies

Nearly half of the stillbirths and almost two thirds of the early neo-natal deaths were prematurely born. Any baby weighing $5\frac{1}{2}$ lbs. or less at birth is considered to be premature, irrespective of the period of gestation. Many of those whose birth weight is over $4\frac{1}{2}$ lbs. have good prospects but need special care, and some need hospital care. A portable oxygeniære incubator is available in East Cornwall to supply oxygen and keep the baby warm on the journey to the premature baby unit, but ideally the mother in premature labour is sent to hospital before delivery and so the infant is spared the effects of an independent journey. The oxygeniære can be used for transport of premature babies from any part of the County

to hospital if arrangements are made in advance so that it can be brought in good time to the place where it is needed. Special outfits are available for nursing premature babies at home.

Although 46.6 per cent of stillbirths are premature, only 6.4 per cent of live births are $5\frac{1}{2}$ lbs. or less and of these 83.4 per cent survived. The rate of survival increases as birth weight increases from 38.4 per cent in babies under $3\frac{1}{4}$ lbs. to 96.2 per cent in those over 5 lbs. at birth.

The table shows the place of birth of premature babies:—

Place of Birth		Total live Births	Neonatal Deaths	Stillbirths
Hospital	...	187	29	38
Nursing Home	...	2	—	2
Home and nursed at home	...	98	7	16
Home and transferred to hospital ...		21	11	—
		<hr/> 308 <hr/>	<hr/> 47 <hr/>	<hr/> 56 <hr/>

Child Welfare Centres

Child Welfare Centres are sited throughout the County wherever there is a demand. They are mainly in the larger towns. At present there are 41 Centres (40 in 1960) and 93 sessions (87 in 1960) are held. Centres were opened at Carbis Bay (Church Room) and at Bethel, St. Austell (Chapel Hall), both in September. Because of diminished need a Centre at Grampound Road was closed.

There was an increase of 1,182 in the number of attendances, and 530 more children attended than in 1959. At the Centres information on mothercraft is given by the doctors and health visitors who staff the clinics, and medical inspections to advise on the existence and prevention of defects are carried out.

To discover cases of phenylketonuria testing of the urine of every infant at 6 weeks of age or as soon thereafter as possible has continued, at clinics, or where attendance there is not possible, at home visits by health visitors. No case has been found in 1961. The 3 cases found in 1960 have continued on medical treatment and supervision.

Medical inspections of toddlers, around the time of each birthday are being encouraged by use of a birthday card with an invitation to the parent and child, where facilities permit.

Hearing assessment is also carried out by appointment at Welfare Centres so that any impairment can be detected and treated early.

Number of children who attend Centres	4,522	(3,992)
Number of attendances under 1 year	16,936	(16,346)
Number of attendances 1—2 years	4,463	(4,265)
Number of attendances 2—5 years	4,949	(4,555)
Total number of attendances	26,348	(25,166)

There are also three voluntary Centres at St. Mawes, Portscatho and St. Eval, at which 125 (146) children made 1,122 (1,019) attendances.

(Figures in brackets refer to 1960)

Handicapped Young Children

A register of young handicapped children in the County is kept so that they can be given extra supervision and help where necessary, and their parents can be advised. The information is available for the School Health Service when special educational facilities may be needed.

The diagnoses are as follows:—

Congenital heart disease	...	25
Mentally handicapped (including 16 Mongols)	...	32
Spastic	...	24
Severe orthopaedic defects	...	23
Epileptic	...	11
Impaired hearing	...	10
Biochemical abnormalities	...	8
(including phenylketonuria 3)		
diabetes mellitus 1)		
Myelomeningocele with hydrocephalus	...	6
Myelomeningocele	...	5
Other serious defects of central nervous system	...	5
Behaviour problems requiring child guidance	...	6
Blind	...	2
Seriously defective vision	...	6
Marked speech defect	...	16
Other serious conditions	...	10
		<hr/>
		189
		<hr/>

Lesser defects are placed on registers in each administrative area so that continuation of treatment can be ensured until the condition is cured or ameliorated.

Accidents to Young Children

50 children under 5 are known to have been admitted to hospital for treatment following accidents in 1961. 44 of these accidents were in and around the home and 4 were road accidents. Several hospitals admitting

children after accidents do not send information so the total admissions exceed the above figures.

Head injuries and fractures	...	30
Swallowing poisons and foreign bodies	...	9
Burns and scalds	...	9
Other conditions	...	2

Family Planning Clinics

The Family Planning Association with the help of voluntary committees continues to hold clinics at Falmouth, St. Austell, Penzance, Truro and Launceston. The Truro Clinic is held at the Royal Cornwall Infirmary, and all other clinics are held in County Council premises. Specially trained doctors and nurses attend every session.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Two daily minders for children under school age were registered during the year to care for a total of 10 children. One registration was cancelled. At the end of 1961 there were 3 daily minders registered, with places for 15 children.

One day nursery with places for 20 children was registered in 1961. At the end of the year there were 4 registered private day nurseries in the County with places for 65 children.

No day nurseries are provided by the County Council.

NURSING HOMES

Under Sections 187—194 of the Public Health Act, 1936, the County Council is the Registration Authority for private Nursing and Maternity Homes. This Act states:—

“ If any person carries on a nursing home without being registered under this Part of this Act in respect thereof, he shall be liable to a fine not exceeding fifty pounds or, in the case of a second or subsequent offence to imprisonment for a term not exceeding three months, or to a fine not exceeding fifty pounds, or to both such imprisonment and such fine the council may by order refuse to register the applicant if they are satisfied that . . . (c) a nursing home is not, or will not be under the charge of a person who is either a registered medical practitioner or a qualified nurse and is or will be resident in the home ”

S.199 " " nursing home " means any premises used or intended to be used for the reception of, and the providing of nursing for, persons suffering from any sickness, injury or infirmity "

The registrations of 2 nursing homes were cancelled at the request of their owners, one a general nursing home of 14 beds, and the other with 4 maternity beds and 2 general beds. At the end of the year there were 5 registered nursing homes with a total of 41 beds, 12 for maternity cases and 29 for general cases.

DISABLED AND OLD PERSONS' HOMES

These Homes are registered with the County Council under the National Assistance Act. During the year the owner of one Home for Old Persons with 16 beds requested cancellation for personal reasons and 5 new Homes were registered for a total of 38 beds. This resulted in an increase of 22 beds. At the end of the year the number and distribution of beds is shown in the table below:—

Purpose of Home	No. Registered	Beds
Old Persons' Homes	... 32	475
Disabled Persons' Homes	... 2	30
Old and Disabled Persons' Homes	... 5	72
Blind Persons' Home	... 1	29

HEALTH EDUCATION

Health education is carried out under the National Health Service Act, regularly and persistently. The results are not readily assessable. It is essential, however, for people to be informed about all the proved advances in preventive medicine and health promotion so that they can take appropriate action themselves.

Month by month new mothers are given the opportunity to acquire the knowledge about their own and their families' health which concern them at the time. They are then most willing and ready to accept it. Special classes for expectant mothers when they can learn what to expect in labour gives them help and confidence. Such classes have been held throughout the County since 1952. Advice on the care of the new baby, given both at clinics and in home visits, enables the mother to avoid many hazards for herself, and her baby. Prevention of accidents is largely gained by knowing and therefore avoiding the common causes. Prevention of certain infections comes by accepting the available means, but this is apt to be neglected without some understanding of the reasons for and the value of them. Precept and the example of others are the only stimuli at present

to many mothers who have never heard of a case of diphtheria in their County.

Visual aids attract the attention of many people but appropriate ones are not always available. The health department staff are always alert for new and better visual aids to reinforce and remind people of the advice they give.

Many organisations request talks from doctors, health visitors and nurses on subjects connected with health, and all such opportunities are welcomed.

THE NURSING SERVICE

REPORT OF THE COUNTY NURSING OFFICER

Part-time staff have played a useful role in 1961, filling the gaps in the ranks of the permanent staff and thus enabling our work in the Public Health Nursing Field to continue. These part-time workers have proved willing to adjust their hours to the needs of the Service and have earned our gratitude. It is also very pleasing to report an increase of 4 in our permanent staff at the end of the year.

The figures on the following pages show little change in the pattern of our work. Our aim is to work closely with the other members of the Public Health Team, also the General Practitioners and General Practitioner Obstetricians with whom our work is so closely linked.

Staff employed by the County Council at 31st December, 1961

Permanent whole-time

Administrative Staff

County Nursing Officer	...	...	..	1
Deputy County Nursing Officer	...	...	...	1
Assistant County Nursing Officers	...	...	...	4
				<hr/>
				6
				<hr/>

District Nurse-Midwife/Health Visitors

"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V. Cert.	...	...	...	41
State Registered Nurses, S.C.M., H.V. Cert.	...	...	...	5
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	12
State Registered Nurses, S.C.M.	...	...	...	1
State Certified Midwives, S.E.N.	...	...	...	5

District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	24
State Registered Nurses, S.C.M.	...	18
State Certified Midwives, S.E.N.	...	8

District Nurses

"Queen's" Nursing Sister	...	1
"Queen's" Male Nurse	...	1
State Registered Nurse	...	1
State Enrolled Nurse	...	1

District Midwife

State Enrolled Nurse, S.C.M.	...	1
------------------------------	-----	---

119
Permanent part-time

State Registered Nurse, S.C.M.	...	1
State Registered Nurses	...	4
State Enrolled Nurses	...	2
State Certified Midwife	...	1

8
Temporary full-time

State Certified Midwife, S.E.N.	...	1
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Temporary part-time

"Queen's" Nursing Sisters, S.C.M.	...	2
State Registered Nurses	...	9
State Enrolled Nurses, S.C.M.	...	3
State Enrolled Nurses	...	6

21
Whole-time Health Visitors

"Queen's" Nursing Sisters, S.C.M., H.V. Cert.	...	12
State Registered Nurses, S.C.M., H.V. Cert.	...	17
State Registered Nurses, H.V. Cert.	...	2
Whole-time Tuberculosis Visitors	...	6

37

Sickness

Although there was a slight decrease in the sickness rate, it was still very high; 2,145 total days, an average of 12.19 days per person. This high rate is mainly due to the fact that 10 members of staff were away for long periods varying from 50 to 228 days (a total of 1,305 days).

Transport

Of the 187 members of staff at 31st December, 1961, 93 were provided with County Council cars; of the remaining 94, those able to drive provided their own cars, by preference. One nurse, who was near retirement, walked, and one health visitor in a small compact area cycled, having failed to pass the driving test.

Housing

The housing of staff always brings its problems. With staff changes the need varies, and, with an increasing number of married staff who wish to provide their own accommodation, it is more satisfactory for the County Council to rent rather than build or buy, but there are instances where renting is impossible. We are also finding that some of our staff who are settled like to buy or build their own houses, and that more are preferring to furnish for themselves.

At the 31st December, 1961, the County Nursing Association were responsible for the upkeep of 56 houses or flats.

18 of these were owned by the County Council or County Nursing Association;

32 were rented from Local Housing Authorities;

6 were rented from Trusts or privately.

Twenty of these premises were furnished by the County Nursing Association.

Midwifery

With 99 fewer babies born at home in 1961, there was still an increase of 1,034 ante-natal visits paid. Modern teaching continues to emphasise the necessity for better ante-natal supervision and the need for the careful follow-up of all expectant mothers showing any sign of pre-eclamptic toxæmia. The results of the British Perinatal Mortality Survey, National Birthday Trust Fund to be published next year, should give us further guidance in our ante-natal care.

Refresher Courses

Health Visitors and Midwives attending Post Graduate Courses return to work stimulated and refreshed, and their notes of the lectures attended

make most interesting reading. During 1961, 22 Midwives attended general Midwifery Courses; 8 attended Parent-craft Courses; 10 Health Visitors attended Health Visiting Courses, and 2 Supervisors went to an Association of Supervisors Course.

Supervision

The Senior Medical Officer for Maternity and Child Welfare is Medical Supervisor of Midwives. The County Nursing Officer, her Deputy and four Assistants are Non-Medical Supervisors. They paid regular visits to all midwives throughout the year, as follows:—

For checking of records and practical work	...	421
Other visits, including follow-up visits after statutory notifications	...	474

During the year 196 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	...	144
Domiciliary in private practice	...	10
Institutional — Hospitals	...	39
Nursing Homes	...	3

Deliveries attended by Domiciliary Midwives

	Dr. not Booked		Dr. Booked		Total
	Present	Not Present	Present	Not Present	
Cornwall C.C. Midwives	6	11	495	1,927	2,439
Independent Midwives...				3	3
Rosemundy Home ...			17	22	39
	<hr/> 6	<hr/> 11	<hr/> 512	<hr/> 1,952	<hr/> 2,481

Deliveries in Institutions

In Hospital	...	...	...	...	1,951
In Nursing Homes	...	...	...	...	88

Visits paid by County Council Midwives

Ante-natal visits to domiciliary cases	...	...	29,684
Ante-natal visits to hospital booked cases	...	...	3,039
Midwifery visits	...	...	38,197
Visits to hospital cases (emergency admissions)	...	...	634
Visits to booked cases discharged before the 10th day	...	...	1,060

Medical Aid forms sent in respect of

Mothers during ante-natal period	...	...	652
Mothers during labour	...	...	619
Mothers during puerperium	...	...	102
Infants	...	...	160

Other Statutory Notifications were received as follows

Stillbirths	...	...	122
Deaths of Mothers	...	...	3
Deaths of Infants	...	...	105
Liability to be a Source of Infection	...	...	42

Attendance at Clinics by Midwives

General Practitioner Ante-Natal Clinics	...	1,160
Midwives Ante-Natal and Relaxation Classes	...	730
Special Clinics for Health Education and Relaxation		424

Gas and Air in Domiciliary Midwifery

	County Council Midwives	Independent Midwives
Number of Midwives qualified to administer		
Gas and Air	127	2
Number of sets of Apparatus	129	—
Numbers of cases to whom administered:—		
Doctor present	416	—
Doctor not present	1,638	1
Number of cases to whom Pethidine administered:—		
Doctor present	260	—
Doctor not present	880	2

The Midwives attended 231 mothers who were discharged from hospital before the tenth day. They also accompanied 1,231 patients to hospital by ambulance or car entailing in all 2,558 hours away from the districts.

Health Visiting

The Health Visitors have continued their steady routine visiting, which is the backbone of their work, giving the overall picture of the families in their areas and their various needs. In one or two areas, in-service training has been given to suitable candidates to help the Health Visitors with their school and clinic work, the Health Visitor keeping the final responsibility for work done.

At the end of the year there were 95 part-time Health Visitors (including 18 acting by virtue of dispensation) the equivalent of 58.33 whole-time Health Visitors.

The following figures show the work of the Health Visitors:—

First visits to children under 1 year	...	4,553
Total visits to children under 1 year	...	50,880
Total visits to children 1 to 2 years	...	20,374
Total visits to children 2 to 5 years	...	37,932
Total number of children under 5 visited	...	25,130
Visits to persons over 65 years (Social)	...	11,427
Child Life Protection visits	...	40
Social visits to others	...	7,674
Total Number of families visited	...	16,871
No access visits	...	12,500

Attendances at Clinics, etc:—

Child Welfare Centres	...	1,444
Mothercraft and Relaxation Classes	...	403
Mothers Clubs	...	134
Minor Ailments Clinics	...	374
Immunisation Sessions	...	1,144
Poliomyelitis Vaccination Sessions	...	609
B.C.G. Vaccination Sessions	...	48
Lectures and Talks given	...	1,139
Demonstrations	...	562
Attendances at School Medical Sessions	...	1,254
Attendances at School Hygiene Sessions	...	1,174
Re-inspections	...	212
Follow-up visits	...	2,075

Students

During 1961 we had one Public Health Administrator Student for just over a week to get some idea of administration in a rural county.

We continue to arrange for student nurses from the local training schools to spend some time with the Nurse or Health Visitor on the district. During 1961, 85 students enjoyed this experience. The District Nurse-Midwife/Health Visitor also helps with the training of nurses taking their District training; these nurses spend 3 days of their training in a rural area, and during 1961 10 nurses had their rural experience in Cornwall. Many of our staff also give lectures and talks to Women's Institutes, W.V.S., St. John's Ambulance Brigade and the Red Cross Society.

Home Nursing

During 1961, Home Nursing was carried out by 64 Nurses combining it with midwifery and health visiting; 52 with midwifery only; and 4 were doing full-time home nursing. In addition, 7 permanent part-time nurses and 32 temporary part-time helped with the general nursing.

Seven nurses completed their "Queen's" District training during 1961, and at the end of the year there were 78 "Queen's" Nursing Sisters working in the County and 1 male "Queen's" Nurse.

Work done by District Nurses

	New Patients
Surgical Cases	... 1,396
Medical Cases	... 5,011
Maternal Complications	... 323
Infectious Diseases	... 17
Tuberculosis	... 129
	<hr/> 6,876 <hr/>

Visits Paid:—

Surgical	... 27,694
Medical	... 140,288
Maternal Complications	... 3,443
Infectious Diseases	... 75
Tuberculosis	... 9,101
	<hr/> 180,601 <hr/>
Injections included in above	... 71,496

The above figures include 122,873 visits to patients over 65 years of age, and 1,768 visits to children under 5 years of age. Over 24 visits were paid to 1,731 people, making a total of 131,901 visits.

Welfare Foods

The year 1961 saw the introduction of payment in cash and the abandonment of coupons for the vitamin products — cod liver oil, orange juice and vitamin tablets.

The change took place in June, at the beginning of the summer season, and the co-operative manner in which distributors adapted themselves to the change deserved the utmost credit.

Most of the distributors in the country districts of Cornwall are the owners of local shops and in an attempt to make accountancy easy for

them, the Council invoices the vitamin products to them in bulk, allowing a small discount to offset the cost of cheques, postal orders and postage. The money received from the sales of the products can then be put straight into the ordinary till.

Initially, it was found necessary to take back some of the stocks of vitamin products already in the centres, but as the size of the demand became known, stocks became adjusted and invoices were paid in good time.

With the increased cost of the vitamin products, the total demand has, as the figures below will show, not unexpectedly fallen. But the fall is not universal, sales in the larger towns keep more nearly to the old level.

		1960	1961
National Dried Milk — tins	...	119,485	103,976
Cod Liver Oil — bottles	...	19,172	14,455
Vitamin Tablets — packets	...	13,628	11,792
Orange Juice — bottles	...	128,889	89,923

Some of the smaller centres took advantage of the change in the arrangements to stop distributing all foods, and the total number of centres fell, to 156 compared with 178 last year. The goodwill is astonishing of those who undertake this distributing quite voluntarily, and who cheerfully accept the changes in administration which we are forced to make.

DENTAL SERVICE

REPORT OF CHIEF DENTAL OFFICER

The Local Authority dental service provides free treatment for school children and for expectant and nursing mothers and pre-school children. The report on the treatment for school children which is the main body of the work is contained in the report of the Principal School Medical Officer.

While pre-school children may attend directly to the dental clinics, mothers are referred for treatment by medical officers, health visitors and midwives.

The dental officer staffing continues to be inadequate for the needs of the County. In May, a loss was sustained by the death of Mr. H. J. Eagleson, full-time dental officer in the Camborne area. Two full-time appointments were made later in the year, in Liskeard and Penzance. A part-time dental officer was appointed for the Saltash clinic.

Expectant and Nursing Mothers

Fewer mothers were referred for treatment, undoubtedly as a result of the change in the regulations of the General Dental Service whereby mothers can now be provided with free dentures from private practitioners. This has affected but little the number of dentures supplied to mothers under our Local Authority service this year, because many were under treatment awaiting dentures before May when this new legislation came into force. By the diminution in numbers of mothers referred to the clinics, 170 compared with 236 in 1960, it is quite apparent that a reduction in this work is to be anticipated in future years.

Dentures are made in the County's Laboratory in Truro. The 149 dentures were provided for 91 mothers.

Pre-school Children

The reduction in the numbers of pre-school children treated is proportionate to the overall reduction in the number of treatment sessions. The difference between mothers and children in this respect is that while mothers are usually referred and await an appointment, pre-school children mostly attend in the first place with toothache and, if the clinic they call at is not functioning on that particular day, they are taken elsewhere.

Broken appointments numbered 268 of mothers and 79 of children. This amounts to 1 in 4 appointments of mothers not kept, and only slightly less for children.

(1) Dental Care of Expectant and Nursing Mothers and Children under School Age.

- (a) Number of Officers employed at the end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service:—

(1) Senior Dental Officer	0.1
(2) Dental Officers	0.7

- (b) Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service ... 0.06

- (c) Number of dental clinics in operation at end of year ... 17

- (d) Total number of sessions (i.e. equivalent complete half-days) devoted to maternity and child welfare patients during the year ... 155

- (e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year ... 2
+ 1 apprentice

(2) Dental Treatment**(A) Numbers provided with Dental Care :**

		Expectant & Nursing Mothers	Children under 5
Examined	...	170	249
Needing treatment	...	168	189
Treated	...	190	164
Made dentally fit	...	131	125

(B) Forms of treatment provided :

		Expectant & Nursing Mothers	Children under 5
Scalings and Gum treatment		78	—
Fillings	...	231	192
Silver Nitrate treatment	...	—	109
Crowns or Inlays	...	—	—
Extractions	...	786	242
General anaesthetics	...	83	90
Dentures provided —			
(Full upper or lower	...	100	—
(Partial upper or lower...		49	—
Radiographs	...	10	—

AMBULANCE SERVICE**REPORT OF COUNTY AMBULANCE OFFICER**

As I shall be retiring in March 1962, this is my last Annual Report, and I take this opportunity of saying how much I have valued the co-operation given by my colleagues in Plymouth and Devon, and their staffs, over the past thirteen years since the inception of the National Health Service Act. This co-operation, both within the Service and with the hospitals, has saved our respective Authorities very large sums of money that would otherwise have been incurred in mileage payments and overtime payments to staff.

In the Regional Competition organised by the National Association of Ambulance Officers, Cornwall was represented by a team from the Bodmin County Ambulance Station, and placed sixth.

During 1961, the new Control Centre and Ambulance Station at Bodmin was completed, as was the new Ambulance Station at Falmouth.

Two additional ambulance drivers were appointed during the year. One was to replace the voluntary attendant who resigned at Camelford, and the other was appointed at Falmouth, which was the only station at which it was found necessary to increase staff following the reduction of the working week to 42 hours.

Representations were received from the St. Austell Urban District Council that ambulance cover for the town should come from St. Austell at nights and week-ends, and not from adjoining areas. The Sub-Committee which investigated this matter recommended that as the Voluntary Organisations were not able to provide such cover in St. Austell, it should be provided by placing the full-time staff on stand-by duty.

It was also necessary to institute stand-by arrangements at Liskeard because the Voluntary Organisations there could no longer continue with the ambulance transport.

There are 14 ambulance stations operated by full-time staff by day, and of these, 6 are now operated by the same full-time staff on stand-by duty at nights and week-ends.

Ambulance Stations

Day-Time Service (Ambulance Stations operated by the County Council)

Station	Station Officer	Head Driver	Ambulance Driver/ Attendants	Vehicles Ambulances	Dual-Purpose
Penzance ...	1	—	9	4	3
Redruth ...	1	—	12	4	6
Falmouth ...	—	1	6	2	4
Truro ...	1	—	13	7	5
St. Austell ...	—	1	8	3	3
Newquay ...	—	1	3	1	2
Bodmin ...	—	1	6	3	3
Launceston ...	—	1	5	1	3
Camelford ...	—	—	2	1	—
Bude ...	—	—	3	1	1
Liskeard ...	—	1	6	3	3
Looe ...	—	—	2	1	—
Torpoint ...	—	1	3	2	1
Saltash ...	—	1	3	1	1
3		8	81	34	35

Night and Week-end Service

Station	Ambulance owned by County Council and operated by Voluntary Organisation	Ambulance owned and operated by Voluntary Organisation	Ambulance owned by County Council and operated by full- time drivers on stand-by basis
Pendeen ...	—	1	—
Penzance ...	1	—	—
St. Ives ...	—	1	—
Hayle ...	1	—	—
Camborne ...	1	—	—
Redruth ...	1	—	—
Illogan ...	—	1	—
Helston ...	—	1	—
Falmouth ...	—	—	1
Truro ...	—	—	1
St. Austell ...	—	—	1
Newquay ...	1	—	—
Indian Queens ...	—	1	—
St. Dennis ...	1	—	—
St. Blazey ...	—	1	—
Fowey ...	—	1	—
Bodmin ...	—	—	1
Padstow ...	—	1	—
Wadebridge ...	—	1	—
Camelford ...	1	—	—
Bude ...	1	—	—
Launceston ...	1	1	—
Liskeard ...	—	—	1
Looe ...	1	—	—
Torpoint ...	1	—	—
Saltash ...	—	—	1
	11	10	6

Voluntary Organisations and Hospital Car Service

The Voluntary Organisations are still giving valuable assistance to the County Service by manning the ambulances at nights and week-ends. During the year the voluntary personnel at Country Centres transported 3,994 patients and travelled 131,326 miles.

We are again particularly indebted to the Organisers and drivers of the Hospital Car Service for their invaluable help and co-operation in the

transport of such a large number of patients which they so willingly do on our behalf each year.

Service Statistics

Patients carried and distances covered by the three services are shown in the table below:—

		1952	1955	1959	1960	1961
Ambulance Service						
Patients Carried	...	35,993	36,850	42,822	45,713	44,327
Miles Travelled	...	501,264	516,314	539,103	557,265	564,131
Average miles per patient	...	13.92	14.01	12.58	12.19	12.73
Dual-Purpose Vehicles						
Patients Carried	...	71,540	82,180	96,343	97,186	91,595
Miles Travelled	...	628,932	654,568	722,539	661,486	654,596
Average miles per patient	...	8.79	7.96	7.49	6.81	7.15
Hospital Car Service						
Patients Carried	...	15,604	20,008	18,332	20,700	21,818
Miles Travelled	...	227,303	273,441	280,221	364,258	383,851
Average miles per patient	...	14.56	13.66	15.28	17.60	17.59
Total—All Services						
Patients Carried	...	123,137	139,038	157,497	163,599	157,740
Miles Travelled	...	1,357,499	1,444,323	1,541,863	1,583,009	1,602,578
Average miles per patient	...	11.02	10.39	9.79	9.68	10.16

Analysis of the Work carried out in 1961

Control Area	Section 27 Accidents and Emergencies		Other Cases		Other than Section 27		Journeys without Patients		Totals	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
Ambulances	...	7,134	200,278	33,376	341,902	3,817	7,095	14,856	44,327	564,131
Dual-Purpose Vehicles	...	169	2,999	82,534	608,192	8,892	35,319	8,086	91,595	654,596
Hospital Car Service	...	—	—	14,024	300,320	7,794	82,352	1,179	21,818	383,851
		7,303	203,277	129,934	1,250,414	20,503	124,766	24,121	157,740	1,602,578

The total number of accident and emergency patients dealt with by the Service during the year was 7,303, an average of one accident or emergency patient every 72 minutes.

Transport for an average of 500 patients each working day is arranged by the two Control Centres. Whilst these journeys are arranged as economically as possible, the mileage incurred is governed by where patients live in relation to their appointment times.

Long Distance Transport

	1960	1961
Number of Patients carried by Ambulances and Dual-Purpose Vehicles	...	10
Number of Patients carried by Air:—		
Patients for whom the County Council paid charter fees	...	4
Patients for whom the County Council did not pay charter fees	...	5
Number of Patients carried by Rail:—		
Patients for whom the County Council paid fares	...	315
Patients for whom the County Council did not pay fares	...	293
(These figures do not include patients travelling by road to the Plymouth Clinical Area)		

We are beginning to feel the effects of British Railways modernisation scheme, whereby normal coaches are gradually being replaced with coaches which make it virtually impossible to carry stretcher patients. In many instances we are having to arrange for patients to make longer ambulance journeys from main line stations to enable them to complete their journeys, which entails extra cost to our Service. Unless British Railways make some provision for the conveyance of stretcher patients on their new trains, the time will eventually come when all out-County transport will have to be undertaken by road or air.

The British Red Cross Society, through their Welfare Officer, provide practically all the escorts for patients who travel out of the County by train, and we are most grateful to her and her loyal band of volunteers for their unfailing support.

Replacements mileage for ambulances is 150,000 and for utilicons 100,000, and during the year three ambulances and ten utilicons were replaced.

REPORT OF TRANSPORT OFFICER

The establishment of the Servicing and Maintenance Section is ten mechanics, eight of whom are employed on maintenance and regular repairs,

one on panel beating and painting, and one is occupied for the larger part of his time on stores.

Our former coachbuilder left our employ in October, and as there is very little wood used in the construction of modern vehicles and the majority of repair work necessitates panel beating, it was felt to be advantageous to replace him with a mechanic experienced in panel beating.

The Section is responsible for 237 vehicles, broadly classified as follows:—

Ambulance Service	...	71
Nursing Service	...	118
Education Service	...	30
Civil Defence, Mental Health Service and other	...	18

All the vehicles are maintained and serviced by the staff except a small number of nurses' cars where distance from the nearest ambulance depot makes it more economical or convenient for the cars to be serviced at local garages.

Six of the staff work at the main depot in Truro, where there are four bays for mechanical repairs and a paint-shop of two bays. A Land Rover is kept at the depot and is used for towing-in of breakdowns and for moving the mobile dental unit to the various schools.

Four mechanics visit depots throughout the County and work to rosters whereby each vehicle is serviced once a month. One based at Liskeard covers Liskeard, Saltash, Looe, Torpoint, part of Launceston, and St. Austell; one based at Bodmin covers Bodmin, Camelford, and part of Launceston; one based at Truro covers Falmouth, Newquay and part of St. Austell; and one based at Redruth covers Redruth and Penzance.

The mechanics at Bodmin and Redruth each have a service van equipped with radio-telephone, which has proved a tremendous asset in administering this Section. The other two travelling mechanics are largely employed on servicing ambulance vehicles and nurses cars, and these use cars from the pool when visiting depots. The nurses then have the use of the mechanics' cars while their own are being serviced, and this enables them to continue with their normal duties. We have made two small trailers in the workshops, largely from old materials, so that the mechanics can carry their tools and spare parts without damaging the cars. This has proved very satisfactory indeed.

I am pleased to report that we have been able to provide a twenty-four hour breakdown service through the year. This has been possible by installing telephones in the homes of five mechanics, and we have also been able to make use of two more who have private telephones. I would like to say that this service has only been possible through the full co-operation of all

the staff, as although numerous calls are received during the year, no mechanics receive any stand-by fees, and they receive payment only if they are called out. My own telephone is manned, as far as possible, at all times. All users of County Council vehicles are supplied with a list of telephone numbers to call should they have an accident or breakdown after normal office hours, and this procedure has worked very successfully to date. It will be appreciated that this covers all the public holiday periods.

Civil Defence

We have now enrolled 623 volunteers in the Civil Defence Ambulance and First Aid Section, an increase of 131 over the 1960 figure.

Qualified Instructors total 25, consisting of both volunteers and members of the County Ambulance Service. Six of these Instructors have been centrally trained, and are in possession of the Home Office Certificate.

On 16th April, a competition for the Ambulance and First Aid Section was held at Truro, when seven teams from all parts of the County competed for cups presented by Mr. R. A. Grinter and Mr. M. H. Kernick. The winners were St. Merryn, who were presented with the Grinter Cup, and the runners-up were Falmouth, who were awarded the Kernick Cup.

A team from the Liskeard Ambulance and First Aid Section competed in the Casualties Union Competition, open to all Ambulance, Police, St. John, Red Cross and Industrial First Aid Parties in Cornwall, and were placed seventh.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

Notifications of infectious diseases in each County District during 1961 are shown in Table III at the back of this report and in Table IV will be found the number of cases of infectious diseases notified in the County during recent years.

Pneumonia, meningococcal infections, encephalitis, dysentery and food poisoning show only minor variations over the past 5 years. For the first time for 19 years, no case of poliomyelitis occurred in Cornwall but the response of the adult population to immunisation is very disappointing, as the low incidence of the disease over the past two years cannot be maintained unless the immunisation state of the population is considerably improved. During the year, fourth doses of Salk Vaccine were offered to all schoolchildren between the ages of 5 and 12 years, the bulk of this work being carried out at the schools by County Council staff. 18,888 children took advantage of this re-inforcing protection.

The incidence of puerperal pyrexia was the lowest recorded since the Revised Puerperal Pyrexia Regulations were introduced in 1952. It is

gratifying to find that notifications of this dangerous condition are approximately half what they were 10 years ago.

Notifications of whooping cough are up for the second year running, but the disease is gradually coming under control as each year more and more of the child population are immunised. In the three years 1949/50/51, notifications totalled 2,855 and in 1959/60/61 there were 653 notifications.

Following a year of exceptionally low incidence, measles in 1961 was widespread throughout the County.

Some of the changes noted above are shown visually in the illustration.

The service for the prevention of tuberculosis, run in conjunction with the staff of the South West Regional Hospital Board, continues to work smoothly and reports from Dr. L. W. Hale, Senior Chest Physician, on the West Cornwall Clinical Area, and from Dr. J. C. Mellor, Chest Physician, on the East Cornwall Clinical Area, will be found below, as well as that of Dr. G. Sheers on the work of the Mass Radiography Units.

I have continued to act on behalf of the Regional Hospital Board as Medical Superintendent of the County Isolation Hospital, Truro, for the purpose of correlating and expediting admissions. Clinical duties at the hospital are shared between my Deputy and Dr. J. Hardy, a Consultant of the Regional Hospital Board. In this way I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

Diphtheria

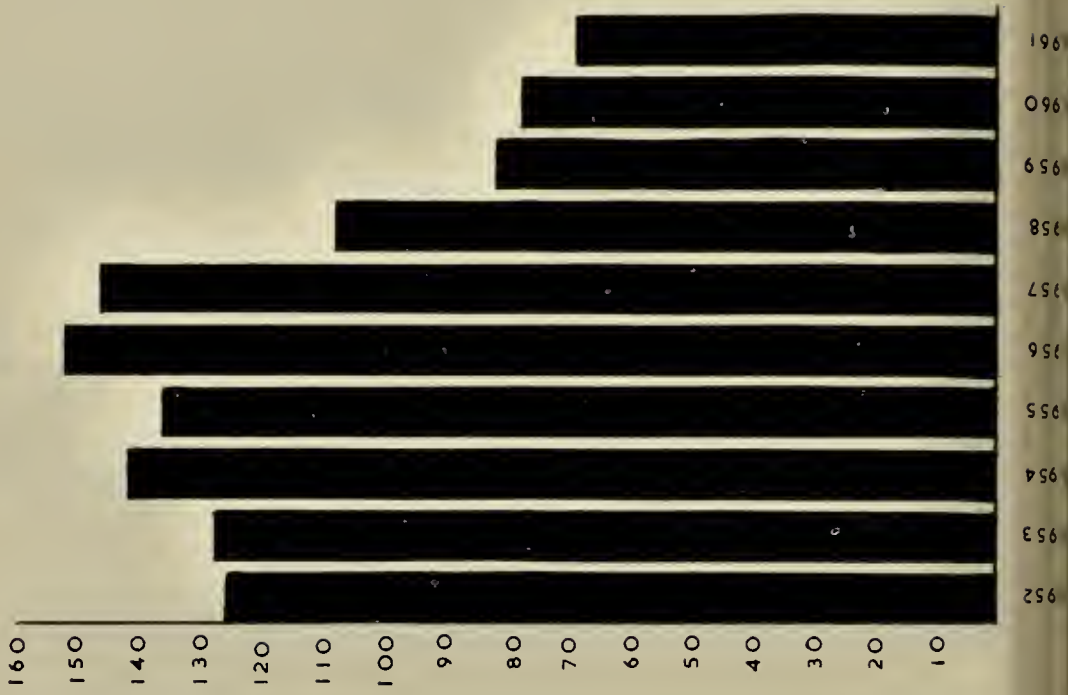
No case of diphtheria has been notified in the County since 1958. During the autumn of 1961, random throat and nose swabs were taken by School Medical Officers of schoolchildren attending for routine medical examination. More than 100 children were so swabbed, but no diphtheria bacilli were isolated.

Smallpox

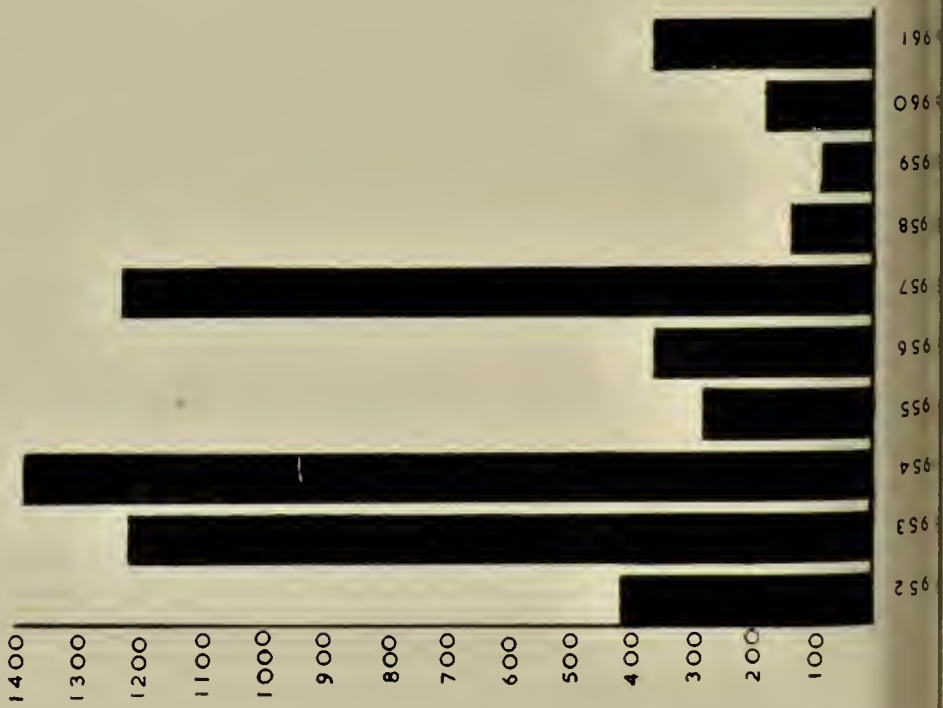
The following table shows the amount of Smallpox vaccination carried out in the last 10 years:—

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1—4	
1952	4,877	1,079	626	2,092
1953	4,752	1,046	654	2,085
1954	4,819	1,286	690	2,314
1955	4,418	1,215	860	2,389
1956	4,751	947	563	1,735
1957	4,768	1,452	673	2,528
1958	4,875	1,429	816	2,521
1959	4,795	1,398	853	2,574
1960	4,938	1,541	905	2,798
1961	4,850	1,380	1,116	2,916

PUERPERAL PYREXIA



TOTAL NOTIFICATIONS



WHOOPING COUGH

Tuberculosis

There was again a satisfactory drop in notifications of respiratory tuberculosis. New notifications in 1961 numbered 117 compared with 153 in 1960, and 196 five years ago. The largest drop occurred in the age-group 15—25, more than half of whom have now been protected by B.C.G. vaccination. In 1952/53 the annual incidence per 100,000 population, was 176 in this age-group and in 1960/61 this had dropped to 29.

Unfortunately, notifications of new cases of non-respiratory tuberculosis show little change over the past 5 years, remaining at 25 or so a year.

The following table shows the new notifications of tuberculosis:—

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1951	139	108	247	25	34	59	164	142	306
1952	165	110	275	20	33	53	185	143	328
1953	160	141	301	35	32	67	195	173	368
1954	141	101	242	18	23	41	159	124	283
1955	155	103	258	15	13	28	170	116	286
1956	115	80	195	8	13	21	123	93	216
1957	118	78	196	9	16	25	127	94	221
1958	124	70	194	4	21	25	128	91	219
1959	118	67	185	10	13	23	128	80	208
1960	108	45	153	13	12	25	121	57	178
1961	77	40	117	9	14	23	86	54	140

The following table shows the deaths from respiratory and non-respiratory tuberculosis in recent years, together with death rates for Cornwall and for England and Wales.

Year	CORNWALL Number of Deaths			CORNWALL Death Rates			ENGLAND & WALES Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1940	169	41	210	0.51	0.12	0.63	0.56	0.11	0.67
1941	156	44	200	0.42	0.12	0.54	0.57	0.13	0.70
1942	142	35	177	0.41	0.10	0.51	0.50	0.11	0.61
1943	155	46	201	0.47	0.14	0.61	0.51	0.10	0.61
1944	132	29	161	0.41	0.09	0.50	0.47	0.10	0.57
1945	136	42	178	0.43	0.13	0.56	0.47	0.09	0.56
1946	132	39	171	0.41	0.12	0.53	0.45	0.08	0.53
1947	138	28	166	0.43	0.09	0.52	0.47	0.08	0.55
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.51
1949	127	23	150	0.38	0.07	0.45	0.41	0.05	0.46
1950	108	18	126	0.32	0.05	0.37	0.32	0.04	0.36
1951	85	16	101	0.25	0.05	0.30	0.28	0.04	0.32

Year	CORNWALL			CORNWALL			ENGLAND & WALES		
	Number of Respira- tory	Deaths Other Forms	All Forms	Death Rates Respira- tory	Other Forms	All Forms	Death Rates Respira- tory	Other Forms	All Forms
1952	77	9	86	0.23	0.03	0.25	0.21	0.03	0.24
1953	58	13	71	0.17	0.04	0.21	0.18	0.02	0.20
1954	66	7	73	0.19	0.02	0.21	0.16	0.02	0.18
1955	48	7	55	0.14	0.02	0.16	0.13	0.02	0.15
1956	34	3	37	0.10	0.01	0.11	0.11	0.01	0.12
1957	37	3	40	0.11	0.01	0.12	0.10	0.01	0.11
1958	35	8	43	0.10	0.02	0.13	0.09	0.01	0.10
1959	20	5	25	0.06	0.01	0.07	0.08	0.01	0.09
1960	20	2	22	0.06	0.005	0.06	0.07	0.01	0.08
1961	19	4	23	0.06	0.008	0.07			

SENIOR CHEST PHYSICIAN'S REPORT

Dr. L. W. Hale, Senior Chest Physician for the West Cornwall Clinical Area, reports as follows:—

In-patient work

The bed complement at Tehidy at present is 122. There has been a further reduction in respiratory tuberculosis; admissions under this heading for 1961 were 143 (174 in 1959). Tuberculosis notifications numbered 94 in 1961 (139 in 1959).

There has been a further increase in the demand for beds for non-tuberculous medical cases; 467 admissions came under this heading in 1961 (269 in 1959). As before, a substantial fraction of these were not respiratory disease cases, but general medical conditions admitted for lack of accommodation in other hospitals. The number of these presenting as 'emergency admissions' (i.e. not admitted via the waiting list) was 184.

Whereas in 1952, 283 patients were treated in a complement of 189 beds, in 1961, 836 were treated in 122 beds: an indication of the extent to which the work of the Hospital has changed from work with long stay patients. The nursing staffing difficulty continues as great a problem as ever; and one feels that unless it can be improved the work at Tehidy is nearing 'saturation level.'

Junior resident staff is still barely sufficient, and includes a Registrar on the surgical side, and two Senior Hospital Officers on the medical side. It is felt that in view of the nature and volume of the work detailed above, the additional appointment of a Medical Registrar (perhaps shared with Redruth Hospital) would make a more appropriate staff structure.

Almonerisation, physiotherapy, radiographer service, and other ancillary branches have been staffed and the work has been excellent.

The breakdown of cases passed to the Thoracic Surgeon from the medical side continues to show rather more (69 of 123 major surgical patients) than half of the cases coming from the West Cornwall Clinical area.

There has been no real problem from the waiting list, either tuberculous or non-tuberculous.

Out-Patient Work

Clinics have continued to be held as before; new patients and re-attendances were virtually the same as in the previous year.

Contact Clinic attendances, at 1130, showed a decrease of about 300 compared with the previous year. The number of contacts examined per new case notified is about 12 (an excellent number) and, being unaltered from 1960, indicates that contact examinations are being satisfactorily maintained, though the total figure has shown some reduction, attributable to the reduction in new-case finding reflected in the notification figures.

Dr. J. C. Mellor, who looks after the east of the County, writes as follows:—

“ An additional clinic was started at Stratton in October, 1961, primarily to accommodate patients from the northern part of the County. Effectively two clinics a month were abolished at Launceston and transferred to Stratton. The need for an extra clinic in the northern part of the County had been felt for some time and the results so far have more than justified this move. Clinics are now held at Beaumont House, Plymouth (once weekly) Liskeard (once weekly) Launceston (fortnightly) and Stratton (fortnightly).

The overall attendance figures dropped slightly, but new cases referred for consultation show a 25 per cent. increase. The attendance at the general practitioner sessions at Beaumont House increased slightly but no case of active tuberculosis was found from this source. The contact clinics continue to be well attended, the number of new contacts attending actually showing an increase, despite the further reduction in newly-notified cases. Just over 8 new contacts were examined for each new case admitted to the register, and 4 contacts were notified as suffering from respiratory tuberculosis.

There was a known reservoir of 6 sputum positive cases at home (all in Area 7) at the end of the year, no new cases being added to this list during 1961.”

Mass Radiography

The following is the report of Dr. G. Sheers on the work of the Mass Radiography Service in the County during the year.

	Male	Female	Total
Number examined ...	8,915	6,479	15,394

Incidence of Disease

A. Pulmonary Tuberculosis

1. Newly discovered significant cases:—

Requiring treatment	...	25
Requiring observation	...	29
2. No further action	...	126
3. Previously known	...	122

B. Other conditions

Pneumonitis	...	10
Bronchiectasis	...	2
Bronchitis and Emphysema	...	28
Pneumoconiosis	...	78
Sarcoidosis	...	10
Carcinoma of bronchus	...	2
Other tumours:		
Secondaries in lung	...	2
Thyroid enlargement	...	6
Cardiovascular disease:		
Acquired	...	44
Congenital	...	2
Diaphragmatic abnormality	...	9
Pleuropericardial cyst	...	3
Azygos lobe	...	4
Pulmonary fibrosis	...	6
Pleural thickening	...	6
Bony Abnormality	...	34

Age and sex analysis of newly discovered significant cases of pulmonary tuberculosis (Group A.1 above)

	—15	16—24	25—34	35—44	45—59	60 +
Males	... 1	2	1	2	11	2
Females	... —	—	3	2	—	1

GROUP ANALYSIS

Group	Number Examined			Tuberculosis Requiring Treatment		
	Male	Female	Total	Male	Female	Total
General Practitioner						
Referrals ...	78	84	162	1	1	2
School children ...	1,696	1,630	3,326	—	—	—
Tuberculin Positive children ...	583	749	1,332	1	—	1
Contact groups ...	68	42	110	—	—	—
Industrial Surveys ...	2,136	12	2,148	12	—	12
Small firms ...	680	362	1,042	—	—	—
Large firms ...	47	81	128	—	—	—
Students ...	1,024	383	1,407	1	—	1
General Hospital						
staff ...	10	12	22	—	—	—
School staff ...	206	262	468	—	1	1
Ante-natal patients ...	—	6	6	—	—	—
Mental patients ...	435	519	954	2	—	2
Mental Hospital						
staff ...	131	68	199	—	—	—
Public ...	1,821	2,269	4,090	2	4	6
Totals ...	8,915	6,479	15,394	19	6	25

Venereal Diseases

Venereal diseases, which diminished substantially in the whole country following the introduction of antibiotics, are now beginning to increase.

Treatment is available at the hospitals at Penzance, Redruth, Falmouth, Truro and St. Austell, and for patients from the eastern part of the County at Freedom Fields Hospital, Plymouth.

The following table shows the number of new patients treated at the clinics in Cornwall for each of the past five years:—

Year	Syphilis	Gonorrhoea	Other
1957	17	16	200
1958	20	27	155
1959	15	11	197
1960	19	20	229
1961	23	14	242

CARE AND AFTER-CARE

Tuberculosis

The environmental circumstances of each newly-notified case of tuberculosis are reported upon by a Health Visitor unless the medical practitioner indicates that he does not wish the patient to be visited. The Health Visitor arranges for the patient and contacts to attend at the nearest clinic, where the report is available to the Chest Physician.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Chest Physician refers appropriate cases to the National Assistance Board, issues any certificates required (e.g. for the exclusion of a child from school), and advises the Health Area Office of any such action taken by completing a report form which is forwarded with the report on the home conditions, and also contains any recommendations the Chest Physician may wish to make regarding re-housing, the loan of a garden shelter, bed or bedding, or the grant of extra nourishment.

Recommendations for after-care are made on purely clinical grounds, and the decision whether it should be provided by the County Council is made by the Area Medical Officer after investigation of the financial circumstances.

The closest co-operation between the Health Area Office and the National Assistance Board ensures that everything possible is done to secure the social and physical welfare of patients and their families through the financial assistance of the Board and the after-care service of the County Council.

The Chest Physicians who are responsible for the treatment of tuberculosis are concerned also with preventive and care work, and are accordingly appointed jointly by the Regional Hospital Board and the County Council.

The nursing of patients in their own homes is undertaken by the County Council's District Nurses, and nursing requisites are available from the nurses' loan cupboards.

In addition to the liaison with the National Assistance Boards referred to above, close co-operation is maintained with the Welfare Officer, and with the Children's Officer, who when necessary is prepared to arrange for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes, and for the temporary care of children to facilitate the institutional confinements of mothers where this is necessary for medical or environmental reasons.

Other types of Illness

Health Visitors undertake a great deal of work in visiting patients notified by hospital almoners as needing follow-up on discharge from

hospital, and arrange for the provision of the services available from both statutory and voluntary services.

All District Nurses are equipped with small sick-room requisites for loan to their patients, and larger items such as beds and sorbo mattresses are available from central stores.

Recuperative Holidays

Arrangements continue to be made to provide convalescent accommodation of the 'holiday home' type, and such arrangements were made for 41 persons during the year.

DOMESTIC HELP SERVICE

It will be seen from the statistics given that there has been some increase in the demand for home helps for the chronic sick and for temporary help for mothers with young children.

Although the number of elderly patients requiring home help has risen from 750—789, the expansion of the Home Aid Scheme is higher and at the end of 1961, 349 people were receiving up to 8 hours of assistance weekly, an increase of 84 over the previous year. The Home Aid Scheme is operated by 33 Women's Voluntary Service Specialists in conjunction with the National Assistance Board and contributes to the welfare and happiness of the elderly who, through age and infirmity, require some assistance with their domestic duties.

Throughout the year 1,207 homes have benefitted from the home help service and of this number 662 were new cases. Many more applicants for the service were visited by the Organisers but the requests were withdrawn when the householders realised that the service must be paid for according to the income of the household. In most instances the householders were able to make private arrangements with relatives or friends for the necessary help in the home.

Thanks to the Meals on Wheels Service, the hours of home help have been reduced in a number of homes and although the total number of cases has risen by 76, the number of home helps employed has been reduced by the equivalent of 2.7 full-time home helps throughout the year.

Although there is nothing spectacular to include, this has been a year of steady progress and consolidation of a service which has brought happiness and a feeling of security to many.

The following table shows the number of home helps employed and the cases served.

	Number of home helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Maternity	Tuberculosis	Chronic sick & old age	Others
Area 1	2	4	32	28	3	122	14
Area 2	3	14	32	24	7	154	40
Area 3	11	11	23	53	5	165	39
Area 4	—	8	38	38	2	158†	40
Area 5	—	1	28	19	1	67	16
Area 6	—	—	32	6	2	36	7
Area 7	—	3	42	16	1	86	8
Resident	3	—	1	42	—	1	7
	19	41	228	226	21	789†	171
		269		1,207			

†including 4 Problem Families served

The following table shows the work over the past five years.

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tuberculosis	Chronic sick & old age	Others	Total
1957	122.7	220	30	584	238	1,072
1958	122.7	244	20	671	173	1,108
1959	124.5	220	17	743	166	1,146
1960	127.7	227	18	750	136	1,131
1961	125.	226	21	789	171	1,207

Once again I express my thanks to Lady Carew Pole, W.V.S., County Organiser, and the members of the Women's Voluntary Service for their valuable contribution to the Home Help Service.

MENTAL HEALTH

1. Administration

(a) Committee

The functions of the Health Committee of the County Council under the Mental Health Act, 1959 and the regulations made thereunder are delegated to a Mental Health Sub-Committee. This Sub-Committee meets quarterly, although the Chairman is readily available to advise, when necessary, between meetings.

(b) (1) Staff

Several staff changes have occurred during the year, mainly due to the initial impact of a "new look" service. Mr. M. A. Gillespie, a psychiatric social worker, was appointed to the newly-created post of Assistant County Mental Health Officer and has become a valued member of the administrative team. In the field, Mr. R. W. Richards, a former Assistant Mental Welfare Officer, was promoted to the post of Principal Mental Welfare Officer for the Penzance area, and three further Assistant Mental Welfare Officers have been appointed at Penzance, Camborne-Redruth and Liskeard. Miss D. M. Sweet, S.R.N. has joined the staff in the eastern half of the County, where she complements the work of the male field staff. Two further Teachers of the Mentally Handicapped were appointed during the year, to augment our group training scheme and to continue the progressive build up of staff for the new Training Centres. One of these teachers, Mr. P. M. Blake, is especially qualified to teach adults, having obtained his Diploma on the first training course of this type held in Birmingham during 1960/61.

The lay administration and overall supervision of the Mental Health Services are the responsibility of the County Mental Health Officer, but all day to day work in each of the seven Health Areas of the County is under the control of a Principal Mental Welfare Officer, supported by assistant staff and female Social Workers. Training of the severely sub-normal is carried out by specialist teachers, under the supervision of an Organiser of Training. This administrative pattern works extremely well in a rural County.

No medical staff have been appointed especially to undertake duties in mental health but Dr. J. F. Donovan, Consultant Psychiatrist and Medical Superintendent of St. Lawrence's Hospital, Bodmin, allocates one eleventh of his time to the Local Health Authority by arrangement with the South Western Regional Hospital Board. Dr. David Prentice, Consultant Psychiatrist and Medical Superintendent of the Royal Western Counties Hospital, Starcross is also available for consultation at any time on problems concerning the sub-normal and severely sub-normal. In addition, the County Council's School Medical Officers deal with routine medical work in connection with children under community care.

(b) (2) Training of Staff

In my report for 1960 I stressed, once again, the problems of staffing an expanding Mental Health Service with qualified staff. I can only repeat that during the past year the position has not improved. Although the two year courses envisaged by the Younghusband Report are slowly coming into being, secondment from a remote part of the Country such as Cornwall means that the student is virtually isolated from his family for the period of training. This for the young married officer, with children, can prove

most difficult. In an effort to overcome this problem, exploratory talks have taken place with the Local Education Authority and representatives of the Ministry of Health on the question of a training course at the Cornwall Technical College. It seems fairly evident, however, that this is not a practicable possibility at the present time. Arrangements have been made during the year for certain officers to attend selected refresher courses and the Assistant Mental Welfare Officers have regular seminars on case work, under the direction of the Assistant County Mental Health Officer. At the time of writing this report, however, two Assistant Mental Welfare Officers have applied for a two-year training in social work at the North West London Polytechnic College and I am pleased to say that one, Mr. J. R. Allam has been accepted. The County Council has agreed to secondment on full salary and Mr. Allam will commence training in September, 1962.

**(c) Co-ordination with Regional Hospital Boards and
Hospital Management Committees**

It has always been a pleasure to mention in my Annual Report the close liaison which exists between the South Western Regional Hospital Board, the Hospital Management Committees with whom we are concerned and the Cornwall Local Health Authority. Whilst we may, at times, have different points of view, there is always willingness on all sides to meet and discuss problems. That most of these can be solved satisfactorily is due in no small measure to the excellent personal relationship which exists between staff at all levels.

I am a member of the Management Committee of St. Lawrence's Hospital, Bodmin, and the Medical Superintendent of that Hospital devotes a proportion of his time to Local Authority problems. The Mental Health Staff of the County Council are closely connected with the Hospital and are in almost daily contact with the Medical and Nursing Staff. Weekly case discussions are held both in the Hospital and at out-patient clinics and the County Mental Health Officer gives regular lectures to the student nurses on the community services and how they work. This, in my opinion, is how a co-ordinated and effective service should function.

The Royal Western Counties Hospital, situated 100 miles away, presents some problems as far as day to day contact is concerned. The County Mental Health Officer attends monthly at a hospital case conference and, to augment this, it is proposed that social work staff in Cornwall attend quarterly case discussions at the Hospital. The Medical Superintendent, Dr. D. Prentice, regularly visits Cornwall, and since July has held two out-patient clinics per month for the sub-normal and severely sub-normal. These are the first clinics for this type of patient in the County and they are attended by appropriate mental health staff. I record, with the deepest regret, the death of Mr. L. W. Hedger, for many years Secretary of the

Hospital Group at Starcross, and a very good friend of the County Council. He will be sadly missed.

(d) Duties Delegated to Voluntary Associations

No duties are delegated to Voluntary Associations but a great deal of help is received, particularly in connection with our group training scheme for the severely sub-normal. The two Cornish Associations for the Mentally Handicapped give us a tremendous amount of support, and this is supplemented by Rotary Clubs and other bodies particularly in the West. Transport to and from Group Training Centres is provided by the Hospital Car Service, who also organise suitable escorts. Every opportunity is taken to provide speakers on mental health topics at meetings of Voluntary Associations, in order to enlist aid and promote understanding.

2 Account of work undertaken in the Community

(a) Prevention of mental illness, care and after-care

1961 has been a memorable year and a great deal of positive work has been done towards the provision of a comprehensive community care service. Several capital schemes for Training Centres and Residential Hostels are well under way but these must not overshadow the considerable increase in both the amount and quality of social work done by the staff in the field. This social work is the cornerstone of the Mental Health Service.

From the preventive aspect, how can one really talk of prevention when 1,156 mentally ill patients were admitted to Hospital for treatment during the year? This figure is an all time peak and in only one year during the past ten has there not been an upward movement in these numbers. Some of these admissions are re-admissions of the same patient, but even taking this into account we cannot escape the fact that ten years ago the annual number of patients admitted to hospital was half the present figure. It is extremely difficult to explain this continual increase in admissions, particularly as services aimed at keeping the patient out of hospital have progressively increased during the years in question. Out-patient clinics have become more numerous, some providing treatment such as electroplexy. Treatment, too, has radically changed with the tremendous progress in drug therapy. One would suppose, therefore, that as many more patients can effectively be treated outside the hospital, the admission rate would fall. Does the reverse effect suggest that the services designed to keep the patient out of hospital are in fact bringing to light more people who need in-patient treatment? Attitudes have certainly changed as a result of wide scale publicity at national and local levels and psychiatry is now accepted more reasonably by the man in the street, even in the more isolated areas. If, however, increased admissions are due solely to better services and understanding, one is tempted to ask what happened before these existed. Did many of the patients suffering from mild psychiatric disorders, who

now enter hospital, recover without treatment, or is it more logical to think that far more mental illness exists today? Certainly, the instability, tension and uncertainty of our so called affluent society would appear the right climate in which to nourish neurotic disorders.

The care and after-care of the mentally ill from the viewpoint of a domiciliary service must always remain a key function of any Local Authority. This is particularly important in a rural area where these services must be taken to the patient in his own home. During 1961 the social work accomplished in Cornwall exceeded all expectations and the following figures may be of interest. 470 social histories were prepared in respect of patients admitted to Psychiatric Hospitals. 377 new cases were referred for after-care on leaving hospital and in fact over 6,000 visits were made to patients in their own homes during the year. These figures relate only to the mentally ill patient and do not cover the vast amount of community care provided for the sub-normal and severely sub-normal. For these patients alone, 3,000 domiciliary visits were made. To accomplish this work, the field staff covered a total of over 128,000 miles during the year. One development concerning care and after-care which is worthy of special note, is the formation of a psychiatric social club at Falmouth. This club, the first in the County, is very well supported by all voluntary agencies in the town and meets one half day weekly. Whilst patients were somewhat reluctant to come to the club at first, and for a week or two were outnumbered by voluntary helpers this initial reserve has generally disappeared and the club is performing a very useful function. A Social Worker usually attends and some very interesting discussions and activities have taken place.

(b) Initial Proceedings by Mental Welfare Officers

The seven Principal and five Assistant Officers, who are also social workers in mental health, admitted a total of 851 patients to psychiatric hospitals during the year. This represents over 73 per cent. of the overall admissions from Cornwall and illustrates how widely used the services of the Mental Welfare Officer have become. One of the surprising trends in Cornwall since the inception of the Mental Health Act is the large number of patients initially admitted to hospital under one of the compulsory procedures. The new Act certainly intended informal admission to cover a much wider field than the voluntary status under the old Mental Treatment Act. It is very surprising, therefore, to note that during 1961, 33 per cent. of the admissions to St. Lawrence's Hospital, Bodmin were under compulsory care procedure. In 1958, the last full year before informal admission was introduced, 24 per cent. of initial admissions were compulsory. This trend, which is quite contrary to the intention of the new Act, suggests to me that some Psychiatrists recommend the use of compulsory care, particularly emergency powers under Section 29 of the Mental Health Act, far too readily, and I shall be interested to compare Cornish figures with those of other Local Authorities in due course.

(c) The Sub-normal and Severely Sub-normal

(i) Ascertainment and Community Care

During 1961, arrangements for the ascertainment of the sub-normal and severely sub-normal worked very smoothly and 102 new cases were brought to notice. This figure is somewhat higher than in previous years, and is due possibly to the more informal method for the reporting of backward school leavers by the Education Committee. At the end of the year, 641 patients suffering from varying degrees of mental retardation were receiving active help from our social work staff. One problem, which has become more serious during the past two years, concerns marriage and pregnancy. With informal care in the hospitals and the national policy of returning the patient to the community after relatively short term training, an increasing number of sub-normal, and sometimes severely sub-normal patients, are marrying. Most of these are quite incapable of accepting the responsibilities which marriage entails and supporting them in the community throws a heavy load on the social work staff. During the year, 11 unmarried girls either became pregnant or gave birth to a child, whilst under community care. A Social Worker can advise, counsel and help, but in some of these cases the only way to prevent a pregnancy would entail supervision 24 hours out of 24. This side of the picture is an example of the price we must pay for the freedom of the individual.

Last year, I reported on the serious problem which the lack of hospital accommodation, particularly for lower grade patients, was causing. I am very pleased to comment in this report on the dramatic change in the situation during the past 12 months. The waiting list of patients requiring care in hospital stood at 66 in December, 1960, but by December, 1961 had been reduced to 25. During the year, 73 patients were admitted, more than double the number of the previous year. This great improvement was due in the main to the very real help and co-operation of Dr. D. Prentice and his staff at the Royal Western Counties Hospital, Starcross.

(ii) Training

The group training scheme, which has been the mainstay of the training service since 1953, is now in the process of being replaced by a comprehensive plan for full-time training. The first purpose-built Centres, which will provide day training for 60 children and 60 adults, are under construction at Redruth and will be ready for occupation at the start of the Autumn Term, 1962. Siting problems have necessitated these Centres being under one roof but junior and adult sections are completely separated and will be under the control of separate head teachers. Whilst I know the views of the Ministry of Health are against combined units of this type, I still feel that there are some advantages. Staff, for instance, are more interchangeable and there is a far more natural progression from Junior to Adult Centre for the

trainees, without the difficulties which can arise when transfer to a new and separate building is involved.

The Redruth Centres will provide day training for the west of the County but in the east and north distance makes the day Centre impracticable, unless supported by hostel accommodation. It is proposed, therefore, to provide two separate 60 place Training Centres for children and adults, the Junior Centre being supported by a 30 place residential hostel and the Adult Centre with two 20 place hostels, one for male and one for female trainees. Logically, of course, the junior project should commence first but, owing to siting difficulties, the adult scheme has had to be given preference and building is about to start. The site for the Adult Centre is at St. Austell, comprising a very pleasantly situated 5 acres of land with ample room for horticultural training and recreation space. A large house on the site is being adapted to provide the male hostel and the whole is within easy access of the town. The female hostel will be on a separate site within reasonable distance, thus enabling males and females to mix with one another, an important feature in social training. This complete project should be ready for occupation in September, 1963.

The construction of the Junior Centre and hostel will follow closely in the wake of the adult project as suitable sites have now been purchased at St. Blazey. These sites will enable the buildings to be completely separated by a road but on the other hand are close enough to enable the children to walk the short distance to the Training Centre each day. When these buildings are ready, probably by September, 1964, the first phase of the County Council's development plan for the Mental Health Services will have been carried out. We shall then have 240 full time training places, supplemented by 70 hostel beds, and all known trainable patients in Cornwall at the present time can be offered training facilities.

Mental Health Statistics at 31st December, 1961

(The figures in brackets indicate the numbers at 31.12.1960)

A. Hospital care.

(a) Mental illness.

(i) Admissions during the year by Mental Welfare Officers.

Name of Hospital	Informal		Section 25.		Section 29.		Section 26.		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin	192	269	47	89	73	124	6	15	2	—	320 (273)	497 (423)
Moorhaven Hospital, Devon	10	19	—	—	3	2	—	—	—	—	13 (5)	21 (12)
	202	288	47	89	76	126	6	15	2	—	333 (278)	518 (435)
Total admissions during 1961 by Mental Welfare Officers											851 (713)	

(ii) Admissions of Cornish patients during the year from all sources

Name of Hospital	Informal		Section 25.		Section 29.		Section 26.		Court Cases		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin	273	430	47	90	73	124	6	16	4	—	403 (381)	660 (571)
Moorhaven Hospital, Devon	36	50			3	4					39 (43)	54 (74)
	309	480	47	90	76	128	6	16	4	—	442 (424)	714 (645)
Total admissions during 1961 of Cornish patients											1156	<u>(1069)</u>

- (iii) Admission of Cornish patients aged 65 years and over to St. Lawrence's Hospital during the year.
(These figures are included in the numbers given under (ii)).

	Informal				Section 25.				Section 26.				Court Cases				Total	
	M		F		M		F		M		F		M		F		M	
	82		122		20		41		20		27		1		7		—	
																	123	
																	197	

(iv) Number of Cornish patients in Hospitals on 31st December, 1961.

Name of Hospital	Informal				Sections 25 and 29				Section 26				Court Cases				Total	
	M		F		M		F		M		F		M		F		M	
	414		628		6		18		39		37		5		1		464	
St. Lawrence's Hospital, Bodmin																	684	
Moorhaven Hospital, Devon	12		18														12	
																	(11)	
																	(21)	
	426		646		6		18		39		37		5		1		476	
																	702	
																	(491)	
																	(704)	

Total of Cornish patients in Hospitals on 31.12.1961 1178 (1195)

(b) Sub-normality and severe sub-normality

(i) Admissions during the year

Name of Hospital	Informal		Sections 25 and 29		Section 26		Court Orders		Total	
	M	F	M	F	M	F	M	F	M	F
Royal Western Counties Hospital Group	28	16	1	—	—	1	9	1	38 (12)	18 (18)
Other Hospitals and Approved Homes	9	8							9 (2)	8 (2)
	37	24	1	—	—	1	9	1	47 (14)	26 (20)

Total admissions during 1961 73 (34)

(In addition to these figures 5 males and 12 females were admitted to temporary care under Circular 5/52)

(ii) Patients in Hospitals (including patients on leave).

Name of Hospital	M.	F.	Total
Royal Western Counties Hospital Group	229 (215)	187 (190)	416 (405)
Other Hospitals	92 (74)	46 (41)	138 (115)
	321 (289)	233 (231)	554 (520)

(iii) Patients awaiting admission to Hospitals

Classification	M	F	Total
(1) Over the age of 16 years			
(a) Cot and chair cases ...	1 (2)	1 (2)	2 (4)
(b) Ambulant low grade cases ...	1 (5)	1 (1)	2 (6)
(c) Medium grade cases ...	1 (16)	1 (1)	2 (17)
(d) High grade cases ...	— (2)	—	— (2)
(2) Under the age of 16 years			
(a) Cot and chair cases ...	6 (7)	5 (8)	11 (15)
(b) Ambulant low grade cases ...	3 (3)	3 (4)	6 (7)
(c) Medium grade cases ...	— (10)	2 (5)	2 (15)
(d) High grade cases ...	—	—	—
	12 (45)	13 (21)	25 (66)

(These figures include 5 males and 4 females of cot and chair grade and 2 males and 1 female of ambulant low grade under the age of 16 at present in an Approved Home, where they can remain until they reach the age of 6 years).

B. Community Care

(a) Mental Illness				
		M	F	Total
Receiving after care visitation	...	140	244	384
		(95)	(163)	(258)

(b) Sub-normality and severe sub-normality

(i) Number of new cases reported during the year

How reported		M	F	Total
(1) Notified by the Education Committee: Education Act 1944				
(a) Children unsuitable for education at school	...	13	8	21
		(6)	(12)	(18)
(b) School leavers reported informally	...	18	14	32
		(17)	(7)	(24)
(2) Reported from other sources	...	30	19	49
		(29)	(15)	(44)
		61	41	102
		(52)	(34)	(86)

(ii) Number of patients under care on 31.12.1961

		M	F	Total
(1) Under informal care	...	338	301	639
		(340)	(295)	(635)
(2) Under Guardianship	...	—	1	1
		(—)	(1)	(1)
(3) On leave from Hospitals	...		1	1
	...	(2)	(3)	(5)
		338	303	641
		(342)	(299)	(641)

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Accommodation Provided for Old People

Reference was made in the Report last year to the number of people on the waiting list of those whose admission to one of the County Council Residential Homes was a matter of some urgency. Despite the increased accommodation made available during the year under review, the waiting list at the end of the year was higher than ever before. There were over 130 applications from people who were anxious to enter one of the Homes in the County, and for whom it was necessary urgently to provide care and attention. In addition to this the District Welfare Officers knew of well over 200 other cases in need of care and attention, but application forms had not been completed as there was no immediate prospect of providing accommodation and it would only have raised false hopes and considerable disappointment if an application form had been completed.

For some time the Welfare Sub-Committee have had in mind —

- (i) the growing demand for accommodation for elderly people;
- (ii) the fact the people being admitted to residential accommodation are tending now to be more frail than they were a few years ago;
- (iii) that arising out of implementation of the Mental Health Act, 1959, additional accommodation has to be found for the mentally confused.

This ever-increasing demand for welfare accommodation is strikingly different from the need for geriatric beds as revealed by the hospital plan for England and Wales, which states —

“The (South Western) Region has an excess of acute and geriatric beds.” (Page 185).

It proposes increasing geriatric beds by 1975 from 491 to 560 (Plymouth) and from 355 to 380 (West Cornwall).

“ the number of beds now available in Plymouth itself is adequate (but) much of the accommodation is poor.” (Page 198).

“ West Cornwall — additional acute beds will be required on a new site at Penzance.” (Page 201).

It is gratifying to be able to report, therefore, that the purpose-built Home for the very frail at Camborne, known as Blackwood House, was officially opened by Sir Edward Bolitho on the 8th November, 1961, the first admissions to the new Home having been made on the 29th September, 1961. The Chair at the opening ceremony was taken by Mrs. M. F. Williams, O.B.E., C.A., Chairman of the Health Committee, and it is a pleasant duty



ENTRANCE HALL



ONE OF THE SINGLE BEDROOMS

to record that three members of the County Architect's staff lent pictures painted by themselves of Cornwall, and these paintings were hung in the corridors in Blackwood House in place of pictures from the Red Cross library which had not arrived in time for the opening.

This new Home has already proved its worth and is receiving tremendous support from the various organisations in the neighbourhood. It is significant, however, that the cases being admitted to Blackwood House are much more frail than expected, and a higher ratio of staff has accordingly been necessary. By the end of the year, the Home was practically full and the first Christmas proved to be a very happy occasion which will long be remembered by those who were present.

(See photographs (opposite page) of Blackwood House)

St. Michael's, Penzance, which was the first modern Home provided by the County Council, has been extended and now provides accommodation for 38 residents with better facilities generally. A lift has been provided and the new rooms have been tastefully decorated and furnished.

It has also been decided to purchase a house adjacent to Carew House at Hayle. Plans have been made to extend the accommodation of this Home from 25 to 35 beds.

The Home at Carbis Bay is also being extended and when the alterations are completed, the Headlands will provide accommodation for 36 persons.

It is hoped in the year 1962 that the new Homes at "The Green," Redruth and "St. Anne's," Saltash, will be opened.

The Homes provided by voluntary associations, Bude, Liskeard, St. Austell, Perranporth, and the Epiphany Homes at Truro and St. Agnes, continue to do excellent service. All these Homes are comfortable and well run, and every endeavour is made to make the residents happy.

The following is the return of persons in welfare accommodation at 31st December, 1961:—

Establishment	Men	Women	Total
Joint User Establishments			
Sedgemoor Priory, St. Austell	... 72	56	128
Lamellion Hospital, Liskeard	... 28	44	72

Establishment		Men	Women	Total
Residential Homes				
St. Michael's, Penzance	...	15	23	38
Endsleigh, Newquay	...	8	18	26
Polvellan, Looe	...	12	23	35
Cliffe House, Falmouth	..	13	17	30
Carew House, Hayle	...	17	8	25
St. Hilary, Bude	...	18	16	34
Penberthy House, Newquay	...	10	30	40
Headlands, Carbis Bay	...	4	14	18
Blackwood House, Camborne	...	13	27	40

Voluntary Homes

Bude Eventide Home	...	2	7	9
Caprera, St. Austell	...	8	18	26
Liskeard Eventide Home	...	1	13	14
Perran Bay Hotel, Perranporth	...	5	18	23
Epiphany Home, St. Agnes	...	14	15	29
Rosewin Home, Truro	...	—	20	20
St. Teresa's, Penzance	...	7	8	15
Methodist Homes, Ilkley and Liverpool	—	—	2	2
Ex-Officers' Home, Bishopsteignton	...	1	—	1
Nurses' Memorial Home Reigate	...	—	1	1
W.V.S. Club, Southsea	...	—	1	1
St. Mary's, Bovey Tracey	...	—	1	1
Cann House, Tamerton Foliot	...	1	2	3
Pembroke House, Gillingham	...	1	—	1
Distressed Gentlefolk's, Home, Tunbridge Wells	...	—	1	1
		250	383	633

Homes provided by other Authorities

Devon C.C.	...	2	—	2
Plymouth C.B.C.	...	2	—	2

Blind Homes

Malabar, Truro	...	5	20	25
Torr, Plymouth	...	2	6	8
Royal School for the Blind, Leatherhead		2	—	2
29, The Avenue, Wanstead	...	1	—	1

Establishment	Men	Woman	Total
Epileptic Colonies			
Chalfont, Bucks	... 2	4	6
David Lewis, Cheshire	... —	1	1
Meath Home, Godalming	... —	1	1
Maghull Homes, Liverpool	... 2	—	2
Special Homes for Spastics, etc.			
Enham-Alamein Homes	... 1	—	1
	19	32	51
Total in Residential Accommodation	... 269	415	684

Establishment	Men	Women	Children	Total
Temporary Accommodation				
Hostel, 17, North Street, St. Austell ...	1	3	17	21
Cameron Estate, St. Agnes ...	3	4	25	32
Caravan at Buller Hill, Redruth ...	1	1	3	5
Cottage at Lanreath ...	1	—	2	3
Cottage at Troon ...	3	1	5	9
Redruth Coombe, Redruth ...	—	1	2	3
10, Church Street, Tywardreath ...	—	—	—	—
Madford House, Launceston ...	2	1	2	5
Total in Temporary Accommodation ...	11	11	56	78
GRAND TOTAL ...	280	426	56	762
LESS Chargeable to Other Authorities ...	1	8	—	9
NET TOTAL ...	279	416	56	753

The above figures in residential accommodation on the 31st December, 1961, are made up of the following classes and again attention is drawn to the fact that many of the men and women in the care of the County Council are either physically or mentally handicapped, and that the proportion of such persons continues to increase.

	Aged	M	76
		F	143
Not materially handicapped			
	Not Aged	M	6
		F	10
	Aged	M	11
		F	27
Blind			
	Not Aged	M	5
		F	11
	Aged	M	1
		F	1
Deaf			
	Not Aged	M	1
		F	2
	Aged	M	3
		F	5
Epileptic			
	Not Aged	M	7
		F	11
	Aged	M	93
		F	142
Others physically handicapped			
	Not Aged	M	16
		F	18
	Aged	M	24
		F	24
Mentally handicapped			
	Not Aged	M	21
		F	22

Persons in Temporary Accommodation

Persons over age 16	Evicted	M	11
		F	10
	Other	M	—
		F	1
<hr/>			
Children accompanied by persons over age 16	Evicted		54
	Other		2
	<hr/>		
	Total		78

**Registration of Old Persons' and Disabled Persons' Homes (Sect. 37-40
of the National Assistance Act, 1948)**

Types of Home	Homes on the register on the night of 31.12.61.		
	<hr/>		Number of residents for whom provision made
	Number of Homes		
Homes for Old Persons	...	33	449
Homes for Disabled Persons	...	2	36
Homes for Old Persons and Disabled Persons	...	7	151
		<hr/>	<hr/>
		42	636
<hr/>			

2. Special Housing for Old People

During the year, three conferences were held in different parts of the County to discuss with the district councils the question of providing special housing for old people.

These conferences were well attended and it was obvious that the housing authorities were prepared to co-operate with the County Council on this matter. The County Council have agreed to make unitary grants to district councils on condition that welfare services are provided for houses, flats or bungalows for old people. The house must be occupied only by

persons of pensionable age, i.e. men 65, women 60. The welfare services provided are left to the discretion of the district council, the only conditions laid down by the County Council being that there shall be a Warden and some form of bell system must be installed. It is generally felt that provision of this kind means that old people can stay much longer in their own homes, and to this extent the pressure on the County Council's Residential Homes is relieved.

The schemes already approved by the County Council are as follows:—

Housing Authorities		No. of Housing Units
Truro R.D.C.	Portscatho	12 Bungalows
„	Mylor Bridge	6 „
„	St. Agnes	12 „
„	Goonhavern	8 „
„	Perran-ar-Worthal	8 „
„	Veryan	6 „
„	Carnon Downs	6 „
„	St. Just-in-Roseland	6 „
Falmouth Borough Council	Chy-an-Mor, 3, Bank Place, Falmouth	17 Flats
Launceston Borough Council	Poltamar Estate	11 Bungalows & Flats
West Penwith R.D.C.	Bodriggy Estate, Hayle	32 Bungalows
„	Lethlean Estate, Hayle	20 Bungalows
Newquay U.D.C.	St. Piran's Road, Newquay	12 Flats
„	Porth Bean Road, Newquay	11 Flats
Liskeard Borough Council	Lake Lane	36 Bungalows
Wadebridge R.D.C.	Whiterock	9 „
„	West Park	28 Flats
Truro City	Baynard's Meadow	16 Flats
„	Carlyon Close	11 Flats
„	Festival Gardens	6 Bungalows
„	Lemon Row	4 „
„	Tregear Gardens	20 Flats
Charitable Trusts		
St. Ives Matthews Trust, St. Ives		10 Flats
Total		287

3. Service to the Aged

It is understood from the Registrar General that the number of old people over 65 years of age in Cornwall in 1961, was 50,100 and this number, of course, would be considerably increased if the pensionable ages were taken and the number of women between 60 and 65 included. It is obvious, therefore, that however many residential homes the County Council may provide, and despite the fact that an increasing number of special housing units is being built by the housing authorities, only a very small proportion of the total number of old people will be dealt with by the local authority services. This report, therefore, pays tribute to the considerable number of men and women, including young people, in the County who give generously of their time and efforts in the service of the aged in many different ways.

Happily most of the old people are grateful for what is being done for them, but not all old people are nice and some can be very trying, and in this connection I would like to make particular reference to the splendid work which is being done by the Matrons and Staffs of the various Homes in the County and the District Welfare Officers and others, who are brought into close contact with the old people. They must unquestionably have a sense of vocation, for their dedicated service is of the highest order. It is, as St. Paul says in his first letter to the Corinthians — (Phillips' Translation) a service that:

"Knows no limit to its endurance, no end to its trust, no fading to its hope: it can outlast anything: it is in fact the one thing that still stands when all else has fallen."

HANDICAPPED PERSONS

During the year 1st January, 1961 to 31st December, 1961, 111 new names have been added to the register of handicapped persons and 12 have died, making a total addition of 99. The total number on the register at the end of the year was 1,255, of these 759 were men and boys and 496 women and girls, the distribution of ages and types of disability can be seen on the accompanying table. The cases are widely distributed throughout the County.

Home visiting has been carried out throughout the year and help to families and patients given in many ways.

The provision of aids for the handicapped has continued, and the two beds the County supports at St. Teresa's Cheshire Home, Marazion, have

been kept fully occupied. This I think is one of the greatest helps in keeping the patients in their own homes, as not only does it provide a change of scene and company for the patients themselves, but it also gives a rest and holiday to the members of his or her family and as some of the patients, because of their severe disabilities, are extremely heavy nursing cases, this periodic relief to the family cannot be too greatly stressed.

Holidays for other patients were arranged at Chalfont, the Epiphany Home at St. Agnes and at Astor Hall, Plymouth.

Close contact has been maintained with the Cornwall Committee for the Care of Cripples and the British Red Cross Society.

CARE OF THE HANDICAPPED

Number of patients on register on 31st December, 1961.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	5	5	16	4	0	11
F(2) Arthritis & rheumatism	1	16	40	6	15	66
G(3) Congenital malforma- tions and deformities ...	3	25	12	17	24	2
H/L(4) Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin ...	30	36	94	20	17	17
Q/T(5) Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine ...	22	32	26	9	13	9
V(6) Organic nervous diseases— epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ..	73	109	73	80	63	58
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	19	14	6	6	2	4
X(8) Tuberculosis (respiratory) ...	11	36	16	10	12	—
Y(9) Tuberculosis (non-respiratory) ...	11	6	3	9	4	5
Z(10) Diseases and injuries not specified above ...	8	4	7	4	3	6
Total ...	183	283	293	165	153	178
	759			496		
(Included in V(6) above)						
Epileptics ...	20	18	6	25	2	4
Spastics ...	17	9	5	24	6	4
	(under 16—5)			(under 16—3)		

SUB-STANDARD FAMILIES

Two Family Welfare Workers have been working with the problem families for just over a year. Of the original fifteen families, seven are still being helped, five have been crossed off the visiting list as most of them are over the crisis that made original visiting necessary. These families are all still being visited by either the Health Visitor or Educational Welfare Worker and may well come back onto the case load of the Family Welfare Worker should another crisis arise. The other two of the original fifteen—one family has split up, the parents going to live with their respective parents and two of the children are in the care of the Children's Committee. The other family of nine children with a workshy father—after several moves around the Kerrier District were eventually admitted to Part III Accommodation where the tenth child was born.

Since these early days eleven new families have been added to the list and at present nineteen families are receiving help. The problems encountered vary widely — a large number of the families have either one or both parents of low intelligence, inability to budget and a lack of knowledge of hygiene and housekeeping form a large percentage of the problems. Poor housing conditions is another big factor and it is encouraging to learn that two of the families that have been re-housed, one from appalling conditions and the other from Local Authority temporary accommodation, are taking a pride in their new houses, and conditions from the Family Welfare Workers' point of view have improved considerably. Another family recently moved from a very dilapidated caravan to a furnished cottage.

Over the past twelve months we have helped with the provision of cleaning materials — wall-paper, paint and second-hand furniture etc.

The work is tedious, very slow to show results and often disheartening but, I feel well worth-while, and I am sure that without the help and support of the Family Welfare Workers many more of these families would now be "on the rocks." It is encouraging to hear fellow Welfare Workers from other areas asking when the Scheme can be extended and I think we could easily find work for more workers especially in the Penzance area.

I should also mention that six of "our" children went for a fortnight's holiday, camping on the Isles of Scilly. Miss Watkins, the Children's Officer, made this possible by including them with the party of children that went from the Children's Department and one of our mothers had a fortnight's holiday at the Church Army Hostel at Weston-Super-Mare — she took her three children with her.

To show the difficulties encountered by Family Welfare Workers, an extract from a recent report by Mrs. Hurley, Warden of the Hostel, St. Austell, and Welfare Worker with other families in that area, is given below.

"At one house where jam jars were being used as drinking vessels the Warden was invited to have a cup of tea and a 6-year-old member of the family said, "Shall I get **the** cup for Mrs. Hurley."

One family admitted to the Hostel, the children of which had never been in a bath, the Warden had to bath a doll daily for a week before the children became reconciled to having a bath.

To encourage the children dolls had been given and when the Warden mentioned that she would obtain some sheets for the dolls cot, the five-year-old girl said, "Why not ask the N.A.B."

Decent second-hand clothing had been obtained for two small boys who seemed reluctant to wear them and when questioned by the Warden said, "We shan't get any pennies if we wear those." The children had been begging in the town.

A child asked what she would like for Christmas, "Anything but please don't bring another baby."

The children of a family at Rescorla were found to be sleeping on the floor and when the Warden delivered bed and mattresses one child asked, "Is there another Mummy and Daddy coming?" "

A short summary of the cases being dealt with is given below:—

Mr. and Mrs. A.

2 children — 2 years and 14/12 (mother pregnant)

Recently moved to a furnished cottage near Carnkie Village, the caravan they were occupying was deplorable. Mrs. A. is a good mother but so far circumstances have not given her a chance. Mr. A. never keeps a job for long. Long periods of unemployment.

Mr. and Mrs. B.

4 children

This family have recently moved from the W.A.A.F. Site, Bridge, and although they are short of floor covering and furniture they are very proud of their new home. Mr. B. recently lost his job through redundancy, but is normally a steady worker. It is felt that this family will improve their standards when they become settled in their home.

Mr. and Mrs. C.

3 children — 3 years — 11/12

This family were recently re-housed from appalling conditions. Mr. C. is an old T.B. case and works at Tehidy Hospital. Mrs. C. is of poor intelligence but is taking pride and interest in her new home. This family still need considerable help and probably will over a period of time.

Mr. and Mrs. D.**3 children — 5 years — 2 years**

Mrs. D. is of low intelligence and needs regular rest periods to keep her going. During the past twelve months she has had a period in St. Lawrence's Hospital, Bodmin, and a holiday with her children in Weston-Super-Mare. Miss Reay has worked extremely hard with this family. When the eldest child started school Miss Reay for a whole term got there early enough to take him, as the mother could not be depended upon to get him there. The Education Department have now provided transport and Mrs. D. does get up in time to see that he catches the transport — a tremendous step forward !!! Mrs. D. has become very dependent upon Miss Reay but is gradually learning to stand on her own feet and the emergency calls between visits are becoming less frequent. Mr. D. is an ineffectual man — no support to his wife and he often gets exasperated with her which results in a row and an S.O.S. for Miss Reay !!!

Mr. and Mrs. E.**1 child — 13/12**

A very ineffectual couple. Mrs. E. is of poor physical health and has been suffering from post-partum depression. Mr. E. unemployed nearly all the time (on probation for breaking and entering). Needing constant attention and help. Improvement slow — with many relapses.

Mr. and Mrs. F.**6 children (Mother pregnant)**

Mrs. F. associating with a married man — 3 younger children and child expected, said to be his, accepted by Mr. F. Four school age children under supervision of Probation Officer for non-school attendance. General help and advice given.

Mr. and Mrs. G.

Mrs. G. is of very low intelligence brought up in the Falmouth Home for Girls and later by the Children's Committee. At present left her husband and is living with her mother at the W.A.A.F. Site, Bridge. Mrs. G. is on probation to Miss Channell for shop-lifting.

Miss H**3 children — 15 years — 2 years**

Miss H. has no husband the three children are illegitimate all having different fathers. Now living in a Council house. Eldest girl attends Helston Grammar School. Ten-year-old boy getting out of hand. Miss H. needs help and advice in bringing up her children.

Mr. and Mrs. I.**2 children — 11 years and 6 years**

Mother of very low intelligence, father no support to the family, girl aged eleven now beginning to take over from Miss Reay. Remembers what she learns at school about cleanliness and hygiene and teaches her mother.

Mr. and Mrs. J.**4 children — 9 years — 5 years**

Family re-housed from Dry Tree Camp. Mr. J. a defective, Mrs. J. is of low intelligence and unable to cope with her husband. A good mother not good at budgeting and frequently becomes ill as the result of the many rows and upsets in the family. Greatly improved by support from Mrs. Smyth.

Mr. and Mrs. K.**5 children — 5 years — 4/12 (Mother pregnant)**

This family have recently moved to a house in Nancegollan, their accommodation is now greatly improved but they do not like it, not being used to neighbours. Mr. K. more or less permanently unemployed. Likely to need help and support over a long period of time.

Mr. and Mrs. L.**8 children — 15 years — 6 years**

Mother of very low intelligence — a squalid type home. Little improvement likely to be achieved. The children are dull and backward; one cannot receive normal education and attends the class for mentally handicapped children at Hayle.

Mr. and Mrs. M.**4 children — 7 years — 9/12**

Reckless mother of low intelligence. Formerly living in a condemned cottage, in need of constant help and support, little improvement has been achieved.

Mrs. N.**5 children — 6 years — 10/12**

Young mother separated from her husband, chequered career. The three younger children are not her husband's children. A selfish woman, lacking in maternal instincts, little improvement likely to be achieved as Mrs. N. is not really interested in the children or her home.

Mr. and Mrs. O.**4 children — 4 years — 5/12**

Both parents of very sub-normal intelligence, living in a condemned cottage. At present parents separated, mother and children living with a

friend in Barriper. Very little likelihood of any measure of success in this family owing to the parents low intelligence.

Mrs. P.

4 children — 15 years — 6 years

Widow of low intelligence, likely to need help over a prolonged period.

Mr. and Mrs. Q.

3 children — 7 years — 13/12

Family living in condemned house in very bad state of repair, conditions squalid, little can be done while this family live here.

BLIND AND PARTIALLY SIGHTED PERSONS

Blind

The total number of blind persons on the Register at the 31st December, 1961, was 847, a decrease of 5 over the previous year.

New admissions during the year	...	103
Transfers of registered blind people from other areas	...	14
Deaths	...	112
Transfer of registered blind people to other areas	...	8
Decertifications due to improved visual acuity	...	2

The table of figures given elsewhere in this report which relates to the age groups of newly-registered blind people shows that once again the majority are over the age of 65—26 men and 53 women in this group having been placed on the register. It will also be noted that more than half the total of blind people now registered in the County are aged 65 and over.

At the other end of the age bracket it will be noticed that only one child has been registered during the year, and it is encouraging to record the fact that the number of children registered blind throughout the country is decreasing each year.

Among the children of school age all who are educable are attending special schools for the blind or receiving tuition at home or elsewhere.

The number of adult blind people who are in full-time employment shows a slight decrease over the previous year, and the problem of placing a blind person in suitable employment within the County still proves to be difficult to solve. One blind man has been admitted to the Home Workers' Scheme as a poultry keeper during the year, and one woman has withdrawn from the Scheme. Three men are employed in special Workshops for the blind, and application is being made for another young man to be admitted as soon as he has completed his training as a Brushmaker. In addition to those employed under sheltered conditions 21 people are employed under ordinary conditions. Details of the type of work in which they are engaged are given elsewhere in the report.

118 blind people are in residential accommodation which includes Homes for the Blind, other Homes and Hospital according to the individual need and the nature of disability in addition to blindness.

Home Teaching Service

The Staff consists of 6 Certificated Home Teachers and it is hoped to fill the vacancy on the staff early in 1962. The number of visits paid during the year has been well up to average, and particular attention has again been

paid to the special needs of those blind people who are living alone or are in unsatisfactory conditions. Every effort is made to ensure that all blind people are made aware of the services available to them.

It is particularly encouraging to state that through the medium of the Handicraft and Social Centres many newly-blinded people have found fresh interests and companionship by joining in the activities organised in many areas in the County. The combination of pastime occupation and recreation is undoubtedly a useful form of rehabilitation in adjustment to the handicap of blindness. Many of the elderly blind people are home-bound but all who are able to do so are encouraged to learn a craft and the Home Teacher makes regular visits to give the necessary instruction.

Grants from voluntary funds have been made to blind people for holidays, the provision of Talking Book Machines, Typewriters, Braille writing machines as well as for other equipment. Radio sets which are supplied through the British Wireless for the Blind Fund are also kept in repair, and grants are made for this purpose as necessary.

Applications have been made to other voluntary Societies for pensions in respect of blind persons who are in need of additional financial assistance which cannot be met from statutory sources. All applications made during the past year have been successful.

Home for the Blind, Malabar, Truro

The house committee has commenced an extensive programme of alterations and improvements to the Home, which will include the complete re-organisation and modernisation of the kitchen unit. It is also proposed to re-plan the main sitting room, and to provide a small sick bay where minor ailments can be treated. The staff quarters are to be improved and a self-contained flat for the Matron is to be provided.

Register of Blind Persons:—

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0	—	—	—	23	32	55
1	—	—	—	—	—	—
2	1	—	1	1	—	1
3	1	—	1	2	1	3
4	1	—	1	2	—	2
5—10	2	3	5	11	9	20
11—15	6	4	10	7	5	12
16—20	4	—	4	12	5	17
21—29	8	6	14	17	18	35
30—39	11	15	26	28	19	47
40—49	27	26	53	32	51	83
50—59	50	42	92	51	59	110
60—64	23	31	54	24	45	69
65—69	38	39	77	20	52	72
70—79	70	142	212	45	133	178
80—84	44	89	133	37	48	85
85—89	33	65	98	10	27	37
90 & over	11	55	66	3	8	11
Unknown	—	—	—	5	5	10
Totals	330	517	847	330	517	847

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	1	—	1	1	—	1
5—10	—	—	—	—	—	—
11—15	—	—	—	—	—	—
16—20	1	—	1	1	—	1
21—29	—	—	—	—	—	—
30—39	2	1	3	2	1	3
40—49	2	2	4	2	2	4
50—59	4	2	6	4	3	7
60—64	1	4	5	1	5	6
65—69	1	4	5	2	5	7
70—79	5	21	26	4	22	26
80—84	11	16	27	13	15	28
85—89	7	10	17	5	10	15
90 & over	2	6	8	2	2	4
Unknown	—	—	—	—	1	1
Totals	37	66	103	37	66	103

Blind Children under 16 years:					Males	Females	Total
1.	Age under 2	...	...	...	—	—	—
2.	Age 2—4						
	Suitable for education at school	...			1	—	1
	Unsuitable for education at school				2	—	2
					—	—	—
					3	—	3
					—	—	—
3.	Age 5—15						
	Suitable for education at school						
	Attending Special School for the Blind						
	(i) Blind with NO other defects	...			3	4	7
	(ii) Blind WITH other defects	...			—	2	2
	Attending other Schools						
	(i) Blind with NO other defects	...			1	—	1
	(ii) Blind WITH other defects	...			—	—	—
	Not at School						
	(i) Blind with NO other defects	...			1	—	1
	(ii) Blind WITH other defects	...			—	1	1
					—	—	—
					5	7	12
					—	—	—
	Unsuitable for education at school						
	In hospitals for Mentally Sub-Normal						
	(i) Blind	...			2	—	2
	(ii) Blind with multiple defects	...			—	—	—
	At home or elsewhere						
	(i) Blind	...			1	—	1
	(ii) Blind with multiple defects	...			—	—	—
					—	—	—
					3	—	3
					—	—	—
	Total children	...			11	7	18

Education, Training and Employment (Age periods 16 years and upwards)

1. At School	Males	Females	Total
Age Group 16—20 ...	—	—	—
2. Employed			
Employment under Sheltered Conditions			
(i) In Special Workshops ...	3	—	3
(ii) In Home Workers Schemes	10	3	13
Employment under Ordinary Conditions	19	2	21
	<hr/>	<hr/>	<hr/>
Total Employed ...	32	5	37
	<hr/>	<hr/>	<hr/>
3 Undergoing Training			
(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	3	—	3
(iii) Professional or University ...	—	1	1
	<hr/>	<hr/>	<hr/>
Total Training ...	3	1	4
	<hr/>	<hr/>	<hr/>
4. Not Employed			
Capable of and available for work			
Already trained			
(i) For sheltered employment ...	1	—	1
(ii) For open employment ...	1	—	1
Subject to being trained			
(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	1	—	1
Without training			
(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	3	1	4
Not available for work			
Age Group 16—59 ...	27	46	73
Age Group 60—64 ...	14	14	28
Not capable of work			
Age Group 16—59 ...	41	38	79
Age Group 60—64 ...	5	16	21
Not working			
Age 65 and over ...	191	389	580
	<hr/>	<hr/>	<hr/>
Total not employed ...	284	504	788
	<hr/>	<hr/>	<hr/>
Grand Total ...	319	510	829

Occupations of Employed Blind Persons:—

	Employment Under		
	Sheltered Conditions	Ordinary Conditions	
	In Special Workshops	In Home Workers Schemes	
GROUP I			
Professional, Technical, Administrative and Executive Workers, Managerial Workers			
Masseurs and Physiotherapists ...	—	—	3
Clergy and Members of Religious Orders ...	—	—	1
Musicians including Music Teachers ...	—	1	1
Proprietors, Managers and Executive Workers in Industry and Commerce ...	—	—	1
Other workers in Group I ...	—	—	1
GROUP II			
Clerical and Related Workers			
Typists, Shorthand Typists, Secretaries ...	—	—	1
Braille Copyists and Proof Readers ...	—	1	—
Telephone Operators ...	—	—	3
GROUP III			
Sales Workers			
Working Proprietors, Shop Managers ...	—	1	3
GROUP IV			
Agricultural and Horticultural Workers			
Farmers, Farm Managers, Market Gardeners, Farm Workers ...	—	1	2
Animal Husbandry (including Poultry Keeping) ...	—	1	2
GROUP V			
Craftsmen, Production Process Workers, Labourers			
Machine Tool Operators ...	1	—	1
Viewers, Inspectors, Testers ...	—	—	1
Knitters (Hand and Machine), Weavers, Netting Makers ...	—	2	—

		Employment Under	
		Sheltered Conditions	Ordinary Conditions
		In Special Workshops	In Home Workers Schemes
Basket Makers	...	—	4
Mat Makers	...	1	—
Piano Tuners	...	—	2
Craftsmen and Production			
Process Workers	...	1	—
Domestic/Canteen Workers, Cleaners, Caretakers, Porters	...	—	—
		3	13
		21	

Physically Defective and Mentally Sub-Normal and Mentally Ill (All Ages)

			Males	Females	Total
(a) Mentally Ill	...	...	6	16	22
(b) Mentally Sub-normal	...	...	12	5	17
(c) Physically Defective	...	...	27	44	71
(d) Deaf without Speech	...	...	—	—	—
(e) Deaf with Speech	...	...	3	4	7
(f) Hard of Hearing	...	...	19	38	57
Combination of (a) and (c)	...	...	1	1	2
Combination of (a) and (f)	...	...	—	1	1
Combination of (b) and (c)	...	...	2	1	3
Combination of (c) and (e)	...	...	—	1	1
Combination of (c) and (f)	...	...	1	5	6
			71	116	187

Blind Persons age 16 and upwards resident in:—

Residential accommodation provided
under Part III of the 1948 Act
(viz. Sect. 21)—

			Males	Females	Total
(a) Homes for the Blind	...	...	7	28	35
(b) Other Homes	...	...	8	8	16
Other Residential Homes	...	...	1	10	11
Hospitals for Mentally Ill	...	...	7	18	25
Hospitals for Mentally Sub-normal	...	...	5	3	8
Other Hospitals	...	...	6	17	23
			34	84	118

Miscellaneous information:

Social Centres	...	...	...	6
Handicraft Centres	...	...	...	10
St. Dunstaner's	...	...	...	8

Partially Sighted

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision, or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping nature.

A register is kept of all partially sighted persons resident in the County and is divided into 4 main groups, namely:

- A. Persons near and prospective blind and who are likely to need the full range of blind welfare services.
- B. Persons mainly industrially handicapped, and whose needs may best be met by proper placement in industry.
- C. Persons requiring observation only — those whose sight may or may not deteriorate.
- D. Children under the age of 16 as referred to in paragraph 16 of Circular 150/48 (Ministry of Health).

The total number of partially sighted persons on the register at December 31st 1961 was 165 — a decrease of 10 over the previous year.

New admissions during the year	...	23
Transfers into the County	...	3
Deaths	...	20
Transfers out of the County	...	1
Transfers to Blind Register	...	13
Decertifications due to improved visual acuity	...	2

As with the blind persons register, the largest number of partially sighted persons are 65 and over. The largest group is Class A in which the total is 74 of which 14 men and 42 women are over 65.

The employment of a partially sighted person often presents a greater problem than that of a blind person. A borderline case may experience considerable difficulty in undertaking certain types of work in view of the limitations imposed by the small amount of residual vision which he may have. In spite of the fact that his sight is considerably impaired he may yet be unable to benefit by training under blind methods. In certain types

of partial sight visual aids which are now available may be of great value and many in this category have benefitted considerably by using them.

Regular visits to the partially sighted are made by the Home Teaching Staff, and particular attention is paid to those in Group A who are prospective blind and therefore likely to need the full range of services available if and when they are registered as blind. Rehabilitation may be a helpful factor during this period and those who are likely to become blind within four years from the date of registration as partially sighted, are accepted by the Royal National Institute for the Blind for the three months' course at the Torquay Centre.

Education for children in Group D is provided by the Partially Sighted Schools if it is recommended that a special school is necessary, but in many cases it is possible for a child to remain at a sighted school throughout his school career.

Particulars of the register for 1961 are given in the following tables.

Age Groups of Partially Sighted Persons

			Males	Females	Total
0— 4	...	...	—	1	1
5—15	...	...	5	4	9
16—20	...	...	4	4	8
21—49	...	...	7	11	18
50—64	...	...	10	10	20
65 and over	...	...	30	79	109
Totals	...	...	56	109	165

Cases newly registered during the year

Age at date of registration

			Males	Females	Total
0— 4	...	...	—	1	1
5—16	...	...	—	—	—
16—20	...	...	1	—	1
21—49	...	...	—	1	1
50—64	...	...	2	1	3
65 and over	...	...	4	13	17
Totals	...	...	7	16	23

CLASS A

Persons Near and Prospectively Blind

	Males	Females	Total
Employed	3	1	4
Undergoing Training	—	—	—
Unemployed:—			
Available for and capable of training and work ...	—	—	—
Not available for or capable of work ...	18	52	70
	—	—	—
Totals	21	53	74
	—	—	—

CLASS B

Persons Mainly Industrially Handicapped:

	Males	Females	Total
Employed	3	3	6
Undergoing Training	1	—	1
Unemployed:			
Available for and capable of work ...	2	1	3
Not available for or capable of work ...	2	4	6
	—	—	—
Totals	8	8	16
	—	—	—

CLASS C

Persons requiring observation only 21 43 64

CLASS D

Children 5—16:

	Males	Females	Total
Educable:			
At special schools ...	4	1	5
At other schools ...	—	2	2
Not at school ...	1	1	2
Ineducable ...	1	1	2
	—	—	—
Totals	5	4	9
	—	—	—

THE DEAF AND DUMB

The following report has been received from Miss Una Potter, B.A., B.D., S.Th., A.I.S.W., Deaf Welfare Diploma, the County Missioner, on the work of the Cornwall Association for the Deaf and Dumb. This Association cares for the deaf and dumb in the greater part of the County. The Plymouth Mission provides for those in the south-eastern part of the County, both bodies receiving financial support from the County Council.

Register

Circular 25/61 of the Ministry of Health requires that all persons suffering from a disabling loss of hearing shall be registered in three subdivisions from 1st January, 1962:—

Deaf without speech — Those with no useful hearing and whose normal method of communication is by signs, fingerspelling or writing.

Deaf with speech — Those who, even with a hearing aid, have little or no useful hearing but whose normal method of communication is by speech and lipreading.

Hard of hearing — Those who, with or without a hearing aid, have some useful hearing and whose normal method of communication is by speech, listening and lipreading.

			Males	Females
Deaf without speech				
Over 65	...	...	6	14
16—64	...	...	30	22
Under 16	...	...	10	10
Deaf with speech				
Over 65	...	...	1	14
16—64	...	...	9	25
Under 16	...	...	5	6
Hard of Hearing				
Over 65	...	...	118	267
16—64	...	...	41	72
Under 16	...	...	29	23

The Plymouth Mission cares for 1 woman over 65, 14 men and 13 women in the 16—64 age group, and 2 boys and 1 girl under 16.

The Royal National Institute for the Deaf has suggested that "with speech" should be "speech as understood by a layman."

All deaf persons, educated in special schools for the deaf, have some speech and can lipread, but their speech is not always intelligible and their

vocabulary is limited, which means that they can only lipread or read and write within their small range of vocabulary.

Speech and lipreading are supplemented by writing at home and at work and by signs and fingerspelling with deaf friends and others who understand them. The combined oral and manual language are used for important matters where an interpreter is needed.

There are 13 uneducated deaf, who not only lack speech, but also language. The uneducated deaf do not understand manual language and apart from a few manual signs understood by those who live with them, they have no means of communication.

Employment

During the year a survey of employment was made. This was requested by the West Regional Association for the Deaf and a copy was sent to them.

	Men	Women
Agricultural work ...	9	—
Boat crew and fisherman ...	2	—
Baker and Confectioner ...	1	1
China clay work ...	5	—
Carpentry ...	6	—
Dressmaking ...	—	3
Engineering ...	2	—
Hospital employees ...	—	2
Hotel employees ...	1	1
Knitting factory ...	1	1
Laundry ...	—	2
Shoe repairer ...	1	—
Tailor's presser ...	2	—
Domestic and home trades ...	—	9
Miscellaneous trades ...	5	3

There are no unemployed, but 18 married women are not available for work, and 6 men and 7 women are not fit for work. No deaf children left school during the year.

Social and Spiritual Welfare

Clubs and services have been held regularly at Camborne, which is our main centre, and monthly services at Truro. Most of the deaf live in scattered areas and cannot attend very often, but they are visited as often as possible and we are able to pick up many of them on our outings by coach. We arranged a coach party for the annual rally of the deaf of Devon and Cornwall for a service at Launceston, preceded by a visit to the Castle. Our annual outing this year was to Brixham. A Christmas party was held at Camborne which was attended by about 30 deaf and some hearing friends.

Socials, beetle drives, and darts matches have also been held with hearing clubs. The sick, infirm and blind deaf have been visited at home, in hospital and in residential homes.

Interpreting

The Missioner has interpreted at magistrates' courts, doctors' surgeries and one funeral.

HARD OF HEARING

Hearing Aid Clinic

I attend the clinic at the Royal Cornwall Infirmary where I meet patients, and visit them at the request of the E.N.T. surgeons. Dr. Mary Sheridan recently said at a conference "We know only too well that a large number of aids supplied to elderly people are not used, and certainly not used efficiently because the old people have not been really well and patiently instructed in how to make the best of them." This service is provided in Cornwall and home instruction in the use of aids and in lipreading is available to all who need it.

Hard of Hearing Club

This is held fortnightly at Perranporth for lipreading and social intercourse. Some of the members are quite deaf but most of them use hearing aids. Attempts have been made to form more clubs and they will be opened where possible, but so many of the hard of hearing are elderly and live in out of the way places, that a home visit is what they need most.

REPORT OF THE CORNWALL COMMITTEE FOR THE CARE OF CRIPPLES

A year ago attention was drawn to the difficulties arising from a shortage of qualified occupational therapists and it was mentioned that the complement was then under strength. This position persisted for about seven months and is reflected in the fall in the number of visits made. It is pleasing to record that things are now back to normal and that visiting is proceeding on a full scale. It is hoped, therefore, that the current year's figure will show some improvement.

Supervision of the occupational therapy service at St. Teresa's Cheshire Home is continuing and the occupational therapy service which we provide has been extended to include selected patients resident in private nursing homes.

Notwithstanding the shortage of staff the output and sale of craftwork has been substantially maintained.

The number of cases on the Register at the end of the year was lower,

but this is a normal fluctuation, and since the close of the year the number has again increased.

Co-operation with the County Welfare Department and other statutory and voluntary bodies has been maintained and appreciation of the help given by these organisations is gladly recorded; the advice and assistance received in connection with many branches of our work is invaluable. The Falmouth Holiday is a splendid example of the benefits which accrue from co-operation of this nature for, without it, the problems arising from the transport, medical and nursing supervision, entertainment etc. of about forty severely disabled persons would be insurmountable.

One noteworthy event which took place in October was a display of aids and gadgets, arranged under the auspices of the local branch of the British Medical Association, for the benefit of medical practitioners. The display did much to publicise the equipment which is available to make life easier for persons suffering from some form of disablement. Once again this event was the joint effort of this Committee, the County Welfare Officer and British Red Cross Society.

In the last Report the impact of rising costs was touched upon. With a fall off in activity at the Cripples Workshop, and a resulting failure to make a profit, the position became acute towards the end of the period under review. It will be recalled, no doubt, that profit from the Workshop in the past, has provided a substantial contribution towards the running of the occupational therapy service.

Strenuous efforts were made to redress the position with considerable success. The County Council grant in aid was increased by £500 to a total of £3,500 per annum, a B.B.C. appeal produced £535, additional subscriptions and donations were attracted and overheads at the workshops reduced. At the time of writing, therefore, it can be said that the Committees' financial position is much better than could have been expected six months ago.

Although there is still no room for complacency, given a continuance of the upward trend in income and freedom from the pressure of rising costs, we can look forward with sober confidence to further progress in the field of service to the physically handicapped.

The following tables give details of sales, visits etc. for the past two years.

			1960	1961
Sales	...	...	£1,786.4s.7d.	£1,763.4s.2d.
Total Visits	...	...	3,701	3,071
New Cases	...	...	50	18
Cases Closed	...	...	28	34
Patients on the Register				
at the year end	...		252	236

Appendix to Report by the Cornwall Committee for the Care of Cripples

Table I—CLASSIFICATION

					Male	Female
A/E	— Amputation	...	...	...	7	1
F	— Arthritis and Rheumatism	...	...	...	21	14
G	— Congenital malformations and deformities	...	...	...	9	5
H/L	— Diseases of the digestive and genito-urinary systems, of the heart and circulatory system, of the respiratory system (other than tuberculosis) and of the skin	...	...	...	30	25
Q/T	— Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	...	...	...	14	7
V	— Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica etc.	...	...	...	30	32
	including:		M	F		
	Epileptics	...	4	6		
	Spastics	...	4	4		
U/W	— Neuroses, psychoses and other nervous and mental disorders not included in V	...	...	...	10	7
X	— Tuberculosis (respiratory)	...	...	...	6	2
Y	— Tuberculosis (non-respiratory)	...	...	...	3	2
Z	— Disease and injuries not specified above	...	...	...	6	5
					136	100

Table 11—DEGREE OF HANDICAP

A	— Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions	...	...	...	...	1	—
B	— Handicapped persons (other than children) who are incapable of work under ordinary conditions but who are mobile and capable of work in sheltered workshops	...	...	...	...	17	12
C	— Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home	...	...	...	...	113	86
D	— Handicapped persons (other than children) who are incapable of or not available for work	...	...	...	...	—	1
E	— Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under Section 29 of the Act	...	...	...	...	5	1
						136	100

Table 111—AGE GROUPING

Under 16 years	...	...	...	...	5	1
16 to 30 years	...	...	...	...	15	21
31 to 50 years	...	...	...	...	38	41
Over 50 years	...	...	...	...	78	37
					<hr/> 136	<hr/> 100
<hr/>						
Number of Male Patients on Register at 31.12.61 ...						136
Number of Female Patients on Register at 31.12.61						100

INSPECTION AND SUPERVISION OF FOOD

REPORT OF CHIEF INSPECTOR UNDER THE FOOD AND DRUGS ACT, 1955

The purpose of this Act is to ensure that Food and Drugs when sold are not to the prejudice of the purchaser as regards their nature, substance or quality. During the year 3,317 samples were obtained and of that number 551 were submitted to the Public Analyst for formal analyses. Four offenders were prosecuted on ten counts of adulterated food (water in milk and spirits) and two others concerned foreign bodies in food (slug in milk and steel wool in mincemeat). All were convicted and fined. The Public Analyst reported adversely on 18 samples of milk and 27 samples of other foodstuffs. The following is a summary of the samples taken.

Article	Number Obtained
Milk	2,353
Milk Products	185
Soft Drinks	30
Sugar and Sugar Confectionery	80
Flour and Flour Confectionery	18

Article	Number Obtained
Preserves	29
Ground Almonds	5
Honey	6
Cornish Pasties	202
Cooking Fat	44
Vinegar	2
Spirits and Beers	51
Meat and Fish Products	86
Flavouring, Seasoning and Colouring ...	19
Canned Fruit and Dried Vegetables	31
Ice Cream	92
Tea, Coffee, Cocoa	21
Soups and Sauces	8
Miscellaneous	55
Total	<hr/> 3,317 <hr/>

Of those submitted to the Public Analyst the following were found to be adulterated, sub-standard or otherwise open to objection.

Article	Number reported on adversely by Public Analyst
Milk	18
Milk Products	4
Flour and Flour Confectionery	4
Meat and Fish Products, Soup	5
Preserves	2
Spirits	2
Soft Drinks	3
Sugar Confectionery	7
Total	<hr/> 45 <hr/>

Although the adulteration of milk has greatly diminished and it is safe to say that the addition of water to milk on sale by retail has virtually been stamped out, it will be noted that milk still heads the list of adverse results from the Public Analyst.

These adverse reports arise from a wide variety of causes not necessarily connected with adulteration as such. For example, deficiencies in milk fat, the presence of foreign bodies or as in one instance the sale of 'milk' made from reconstituted milk powder.

In one instance samples taken from the churns sent by a producer to a milk factory were found to contain added water. Further samples at the farm collecting point the following day were also adulterated with water. Samples at the farm at milking time were correct. All the churns sent contained water the worst being 12.2%.

This offender was prosecuted and fined.

Spirits on sale in public houses are sometimes found adulterated and in one case both the whisky and the gin on sale contained added water. The whisky had 33.7% of extraneous water and the gin 8.5%. The joint licencees were convicted and fined.

Mincemeat for use in a school canteen was found to have a fairly large wad of steel wool embedded half way down in the tin. The defendants admitted that steel wool was used in the factory where the mincemeat was made and therefore felt they had to plead guilty. The manufacturers were convicted and fined.

A purchaser complained that what appeared to be a slug could be seen in a milk bottle. The bottle was unopened. The packers were prosecuted and fined.

Complaints from schools regarding foreign bodies in school milk, particularly glass, have diminished somewhat compared with previous years. All complaints are very carefully investigated but unless conclusive proof can be found that the foreign body existed in the unopened bottle of milk when it was delivered, legal proceedings would not be very likely to succeed. Eleven such complaints were investigated, five cautions were issued to the packers

When complaints concern bottles which are not in a state of proper cleanliness a difficulty arises because of the High Court decision in the case of *United Dairies v. Beckenham Corporation*. It is now clear that the 'passing over' section of the Act does not apply to the Milk and Dairies Regulations. It is likely that legislative action will be taken to rectify this position in the near future.

Other cases of foreign bodies in food investigated included mould in soft drinks, saffron cake containing string, cigarette end in Christmas Pudding, bread bun containing rodent dropping, bread containing string, chocolate slices tasting of disinfectant, strawberry jam containing formica, milk containing blood, milk containing organic debris, apple pie containing piece of metal and stones in eccles cakes. Eleven cautions were issued.

A cafe proprietor after experiencing some local difficulties with his milk supply decided to use full cream milk powder. This would have been in order for composite drinks such as tea, coffee or cocoa but in fact he was found to be selling the occasional 'glass of milk.' He soon realised that this constituted an offence and immediately reverted to a liquid milk supply.

Two producers/retailers were cautioned in respect of fat deficiencies found in milk sold by retailers and advised to look carefully into their milk producing methods.

Investigations were made into the circumstances leading to the description of Cream Doughnuts made with imitation cream and of a 'milk' sweet manufactured from skimmed milk powder. Departmental warnings were considered sufficient in each case.

That this County has considerable reputation (together with its immediate neighbour) in the production of Clotted Cream is undisputed.

Certain manufacturers of sugar confectionery realised within the last two years or so that visitors would also be attracted to purchase Clotted Cream Toffee or Clotted Cream Fudge. Our Public Analyst found, *however*, that while these sweetmeats did contain some butter fat, they also contained a substantial amount of vegetable fat. He expressed the opinion that the description Clotted Cream Toffee (or Fudge) especially associated with the descriptions Cornish or Devonshire means that these articles are in fact made wholly with Clotted Cream.

That this meaning is the one manufacturers hope will be applied by the purchasers is borne out further by the fact that at least two of them offer their confectionery in a pack closely resembling a Clotted Cream carton.

The matter is being pursued with a view to (a) changing the description or (b) persuading the manufacturers to make the toffee or fudge wholly with Clotted Cream.

LABORATORY FACILITIES

Dr. F. D. M. Hocking at the Royal Cornwall Infirmary Truro, Pathological Department, continues to carry out the chemical analysis of water, sewage effluent samples etc., which is beyond the scope of the free service provided by the Public Health Laboratory Service. Specimens of water and food etc., are sent to the Laboratory of the Public Analyst.

SANITARY CIRCUMSTANCES

REPORT OF COUNTY PUBLIC HEALTH OFFICER

MILK AND DAIRIES ADMINISTRATION

Milk (Special Designation) Regulations

The whole of Cornwall has been declared a 'specified area' and it is illegal for any person to sell by retail for human consumption any milk other than that designated as Tuberculin Tested, Pasteurised or Sterilised.

The Milk (Special Designation) Regulations, 1960, came into operation on the 1st January, 1961, and as from that date the County Council became responsible for granting, suspending, or revoking dealer's licences authorising the use of these milk special designations. The number of designated milk licences issued by the County Council and in operation at the end of the year was 733.

A survey of the conditions under which milk is handled, treated, stored, and distributed by dairymen holding licences issued by the County Council, commenced during June, 1961, and between that date and the end of December, 447 of the 733 dairies had been inspected. Of the premises visited 295 were satisfactory whilst 152 did not comply in all respects with the Milk Regulations. As a result of informal advisory action most of the unsatisfactory dairies had either been improved to the standard required, or work was in progress at the end of the year.

Pasteurised and Sterilised Milk

The County Council as licensing authority is responsible for inspection and supervision of premises where milk is either pasteurised or sterilised. At the end of the year licences in respect of one sterilising and seven pasteurising establishments had been issued by the County Council. Four of the pasteurising plants use the High Temperature Short Time (H.T.S.T.) method of pasteurisation and three the Positive Holder process. In the H.T.S.T. method milk is retained at a temperature of 161° Fah. for at least fifteen seconds, whereas in the Holder process it is held between 145° and 150° Fah. for thirty minutes. In both systems milk, immediately after pasteurisation is cooled to a temperature not exceeding 50° Fah.

During the year 165 inspections were made of these dairies and 196 samples of pasteurised and 21 of sterilised milk submitted for examination. The bacteriologist's reports on these samples are summarised below —

Grade	No. of Samples	PASTEURISED MILK				STERILISED MILK	
		Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	196	196	—	196	—	—	—
Sterilised	—	—	—	—	—	21	—
Total	196	196	—	196	—	21	—

During 1960 and the early part of 1961 extensive improvement and modernisation schemes were completed at the major pasteurising dairies within the County. In view of the considerable expenditure made by the dairy companies it is encouraging to report that every milk sample taken from these premises during 1961 passed the statutory tests as prescribed by the Milk (Special Designation) Regulations, 1960.

In addition to inspection of pasteurising equipment frequent examinations were made of bottle washing machines, and specimen bottles were submitted for sterility tests. With the exception of three bottles from one dairy every bottle tested by the laboratory was reported as having a bacteria count well within the standard recommended by the Ministry of Health. An investigation of the bottle washing machine at the dairy from which the unsatisfactory bottles were obtained revealed worn mechanical parts and washing jets out of alignment. These defects were remedied and subsequent bottle tests proved satisfactory.

Biological Examination of Milk

Thirty-five samples of milk were examined for the presence of tubercle bacilli and brucella abortus. The first of these organisms may cause bovine tuberculosis and the second undulant fever. The bacteriologist reported that all samples examined during the year were satisfactory.

Hospitals

Sampling of milk and water supplies to hospitals has been continued throughout the year with the following results —

Samples of	Satisfactory	Unsatisfactory
Milk submitted for bacteriological examination	... 16	—
Milk submitted for chemical examination	... 16	—
Water submitted for bacteriological examination	... 37	—

School Canteens and Central Kitchens

By arrangement with the Secretary for Education the County Public Health Officers make routine visits to canteens and central kitchens for the purpose of examining food stocks. During the year 45 canteens were inspected and a total of 28 lbs. of tinned food was condemned as unfit. This quantity represented a small proportion of the food examined which, in general, was sound and of good quality.

The Food Hygiene Regulations, 1960, apply to school canteens and the County Public Health Officer has again reported that the staff in every kitchen visited were observing all the requirements of these Regulations.

During 1961 more than £2,500 was spent by the school meals service on modernising existing kitchens, and this policy has undoubtedly encouraged canteen staff to maintain the standard of hygiene demanded of a service that provides cooked meals for more than 28,000 children every day throughout the school year. Five new kitchens and two serveries were constructed by the school meals service and in addition three existing serveries were converted to modern well-equipped kitchens.

Milk in Schools

The 342 maintained and 37 non-maintained schools in the County are supplied with milk by 42 distributors. Of the 379 schools 372 receive pasteurised and 7 tuberculin tested milk; all but 5 schools receive milk in one-third pint bottles.

Samples of milk delivered to each school are taken at regular intervals and submitted for bacteriological examination. The bacteriologist has reported on those taken during 1961 as follows —

Grade of Milk	Satisfactory	Unsatisfactory
Pasteurised	... 77	nil

For the second consecutive year every sample of school milk submitted for bacteriological examination passed the statutory keeping quality tests. This is an impressive achievement, particularly if compared with results obtained only ten years ago when thirty per cent. of all school milk samples were reported unsatisfactory; it stresses the value of improved milk handling and distribution methods now being adopted throughout the County.

In addition to samples of milk examined bacteriologically, 75 were submitted for analysis to the Chief Inspector of Food and Drugs. In every case the milk was found to be genuine.

During the year 12 complaints of dirty milk bottles or milk bottles containing foreign bodies being delivered to schools were received by the Chief Inspector of Food and Drugs. These complaints were investigated and, where necessary, warning letters sent to the dairies concerned.

The unsatisfactory condition under which milk is received and stored at a few schools has given rise to a number of complaints from both dairy-men and the general public. Head Teachers should ensure that school milk is delivered into a cool, clean place and not left in open playgrounds or yards where it is exposed to heat or contamination by dust and animals.

Water Supplies in Schools

Of the 342 maintained school departments in the County 327 receive a supply of water in pipes from public mains. The remaining 15 rely on local private supplies although in a few cases where no satisfactory source is available drinking water is taken daily to each school by school meals service vehicles.

Samples of drinking water are taken from all maintained schools in the County by the County Public Health Officers and submitted for bacteriological examination by the Public Health Service Laboratory at Truro. During the year 84 samples have been taken with the following results —

Source of Supply	Satisfactory	Unsatisfactory	Total
Public mains ...	73	2	75
Private supplies ...	8	1	9
Total ...	81	3	84

When a source of water supply has been reported unsatisfactory an investigation is immediately carried out, and the school concerned is advised to boil drinking water until the source of contamination has been traced and eliminated.

It is the policy of the County Council for schools to be connected to public water mains wherever this is reasonably practicable, and for this purpose the Education Department is kept acquainted with schemes of water supply carried out by local authorities and water undertakings. During the year 7 schools have been connected to public mains.

WATER SUPPLIES AND SEWERAGE ACTS, 1944 — 1955

The policy of the County Council in respect of financial assistance toward schemes of water supply, sewerage, and sewage disposal carried out by district councils is that rural districts receive grants equivalent to those made by the Ministry of Housing and Local Government, whilst schemes submitted by other district councils are considered on their merits.

During the year, £64,765 has been paid to district councils as the County Council's contribution toward schemes completed under the Rural Water Supplies and Sewerage Acts. This sum is an increase of £10,213 over

that paid in 1960, and demonstrates the upward trend which will be continued, and in all probability accelerated, during the next few years when costly schemes already approved by the County Council are carried out. Most of the grants made by the County Council are in the form of annual payments for a period of thirty years.

WATER SUPPLIES

Since the Rural Water Supplies and Sewerage Act, 1944, came into operation, 133 schemes of water supply have been submitted for approval by the County Council; of these 118, estimated to cost £4,582,018 had either been completed or the contracts were in progress at the end of the year.

The cost of water to the average housholder is occasionally criticised as being too expensive. It is, therefore, interesting to record that an investigation carried out by West Cornwall Water Board showed the average cost of water per dwelling in each of the four constituent districts to be between 1/5d. and 1/10d. per week. In one of the four districts forty-six per cent. of all houses obtain a wholesome supply of water in pipes for only 1/- per dwelling per week.

Regrouping of water undertakings within the County has been completed with the exception of Mid-Cornwall area where negotiations toward amalgamation are proceeding. Major improvements or alterations in water supply and distribution undertaken throughout the County during the year are given below:—

West Cornwall Water Board

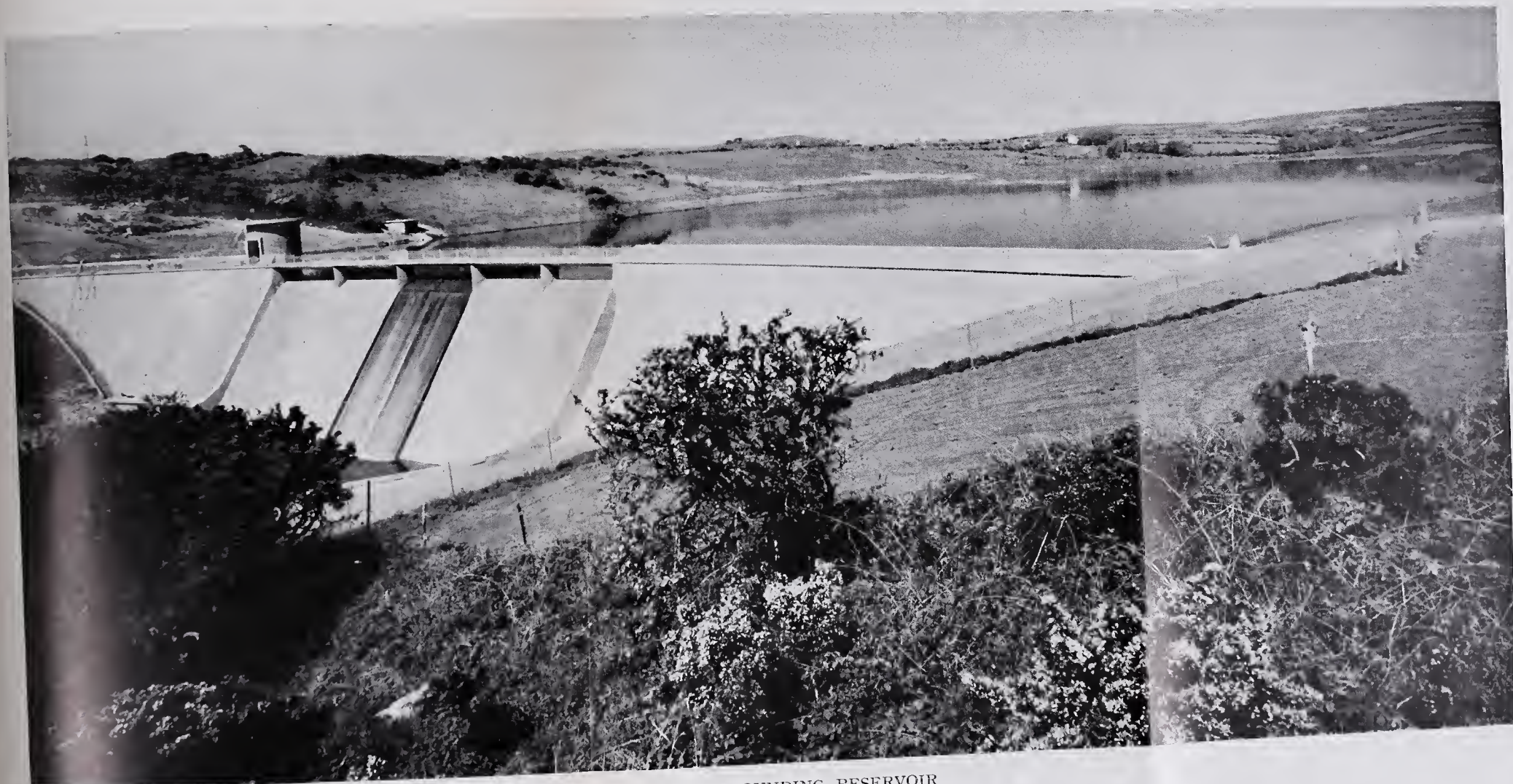
The constituent authorities of this Board are Penzance Borough, St. Ives Borough, St. Just Urban District, and West Penwith Rural District.

The filling of the new impounding reservoir on the Drift Stream commenced on the 21st January, 1961, and was completed on the 3rd February, 1961. This reservoir has a capacity of 300,000,000 gallons, is estimated to yield 2.3 million gallons per day, and is the principal source of water supply in the Board's area.

Water distribution schemes enabling water from Drift Impounding Reservoir to be utilised in the Sennen, St. Buryan, Madron, St. Just and Pendeen areas of Land's End peninsula were completed during the year. These contracts, totalling £187,900, provided for the installation of approximately thirty-five miles of water main.

Progress was made on contracts totalling £135,934 for laying 18.9 miles of water main from the Drift water distribution system to serve Ludgvan, St. Erth, Marazion, Rosudgeon, St. Hilary and Hayle areas.

Two new service reservoirs of 150,000 and 500,000 gallons capacity were completed at Cryor and Leha at a cost of £33,963.



DRIFT IMPOUNDING RESERVOIR
COMPLETED 1961



Work commenced on a £32,040 contract for the construction of a 500,000 gallon service reservoir at Ludgvan, and one of 100,000 gallons capacity at Trevelyan.

In addition to the foregoing contracts approximately 2,000 yards of distribution main was laid, and 300 yards of existing pipe renewed. During the year 447 new service connections were made to the Board's mains.

Mid-Cornwall Area

A conference of local authorities and water companies is considering regrouping arrangements for this area. The present water undertakings are —

Falmouth Borough Council	Lostwithiel Borough Council
Fowey Borough Council	
Camborne-Redruth Urban District Council	St. Austell Urban District Council
	Kerrier Rural District Council
Truro Rural District Council	Newquay and District Water Company
St. Austell Rural District Council	Camborne Water Company
Truro Water Company	
Helston and Porthleven Water Company	

During the year the principal water supply improvement schemes carried out by these undertakings were as follows:—

Fowey River Intake Scheme

This contract was completed at a cost of £566,000. The scheme provides for abstracting up to two million gallons of water per day from the River Fowey by means of an intake situated approximately 1,200 yards downstream of Respryn Bridge, near Lostwithiel. Water from this source is treated and pumped to a service reservoir at Chark Hill from which it gravitates through thirty-four miles of water main to supplement existing supplies in Fowey Borough, Lostwithiel Borough, St. Austell Urban District and St. Austell Rural District.

Although the scheme did not come into full operation until December, 1961, by the end of that month the quantity of water being supplied to the four district councils totalled approximately one million gallons per day.

Truro Rural District

Distribution water main extensions, totalling approximately 1,400 yards, and estimated to cost £3,200 were laid in the parishes of St. Agnes, St. Mawes,

Feock, Kenwyn and Devoran, to serve new building development and augment existing supplies.

Kerrier Rural District

The Kerrier Rural Water Order, 1961 was confirmed by the Minister of Housing and Local Government on the 20th December, 1961. It is intended that work on the construction of an impounding dam and headworks at Stithians will commence on the 1st August, 1962, and be completed by 31st October, 1964. Briefly, this scheme, estimated cost £775,000, provides for the construction of an impounding reservoir having a water surface area of 267 acres, an available water capacity of 1,150 million gallons, and a yield of three and a half million gallons of water per day. Distribution mains from this reservoir will augment water supplies in Kerrier Rural District, Truro Rural District, and Camborne-Redruth Urban District.

During September, 1961, work commenced on a contract for the installation of trunk water mains to link a one million gallon service reservoir at Roskrow Wood, with the existing Lizard, Manaccan and Mullion water distribution systems, and provide branch mains to serve the villages of Constantine and Gweek. This contract forms the second and third instalments of Kerrier Rural District Council's proposals for distributing water from Stithians Impounding Reservoir throughout their district. The contract valued at £95,000 is due to be completed by March, 1963.

Camborne-Redruth Urban District

Distribution water main extensions totalling 800 yards have been laid to serve new building development, and 320 yards of 6-inch diameter main installed to augment the existing water supply at Portreath.

Newquay Water Company

Certain sections of main have been relaid to improve flow and increase water pressure in the Pentire, Mount Wise and Mayfield areas of Newquay.

For experimental purposes 350 yards of 4-inch diameter P.V.C. main was laid and subjected to 300 ft. head of pressure. The experiment proved satisfactory and this class of pipe will be accepted for general use throughout the water distribution system.

Camborne-Redruth Water Company

Approximately 2,000 yards of 6-inch diameter water main has been installed to replace existing defective 3-inch diameter pipe and improve the water supply in the Illogan area.

Truro Water Company

Approximately 2,000 yards of 6-inch diameter pipe was renewed in order to improve water supply at Malpas; in addition 6-inch and 4-inch diameter

water main extensions totalling 1,000 yards were installed to serve new housing development.

Helston and Portreath Water Company

A 2,769 yard extension of 3-inch diameter distribution main enabled thirty-one properties and seven farms in the Breage — Germoe area to be provided with a supply of piped water. Branch water main extensions, totalling 210 yards, were installed to serve new housing development in Helston Borough.

North Cornwall Water Board

On the 1st January, 1961, the Board became responsible for all water supply and distribution functions formerly undertaken by Padstow Urban District Council, Camelford Rural District Council, Wadebridge Rural District Council, Bodmin Water Company, and North Cornwall Joint Water Board.

The principal schemes carried out by this Board during the year were as follows:—

Camelford Rural District — Approximately $1\frac{3}{4}$ miles of 6-inch spun iron main was laid from Delabole to Trewarnett at a cost of £8,000 to augment existing water supplies in Tintagel by about 100,000 gallons per day.

Wadebridge Rural District — Approximately $1\frac{3}{4}$ miles of 5-inch spun iron main was laid from St. Endellion Reservoir to Port Isaac thereby increasing the available water in that area by about 75,000 gallons per day.

Progress was made on a scheme to augment the water supply in Polzeath and St. Minver by 125,000 gallons per day. This scheme provides for $2\frac{1}{4}$ miles of 9-inch and $2\frac{1}{4}$ miles of 6-inch diameter water main to be laid from St. Endellion Reservoir at an estimated cost of £32,000.

Bodmin Borough — Work is proceeding on a scheme for the installation of 1,100 yards of 4-inch diameter water main to link the existing Bodmin water distribution system with trunk mains from the Board's principal water source on the River De Lank. This work which will cost £3,000 is urgently required to provide an adequate water supply for imminent building development of 200 houses and four light industries.

East Cornwall Water Board

On the 1st April, 1961, the Board became responsible for all water supply and distribution functions in the boroughs of Liskeard, Launceston and Saltash, urban districts of Looe and Torpoint, and rural districts of

Launceston, St. Germans and Liskeard. Water schemes carried out in the Board's area during the year included:—

Saltash Borough — Water supplies within the Borough were augmented by the installation of 856 yards of water main from Longstone Reservoir to Burraton Cross. The cost of this scheme was £3,960.

Looe Urban District — A water main was laid between Sandplace and Looe in order to link Liskeard Rural District and Looe Urban District water distribution systems, and thereby augment Looe water supply by up to 80,000 gallons per day.

Launceston Rural District — The scheme to supply water to the villages of Polyphant, Holyway Cross and Lewannick from an existing borehole at Tregadillet was completed during the year, and about seven miles of water main was laid at a cost of approximately £23,500.

The two principal water distribution systems in the rural district were linked by the installation of 1,635 yards of 5-inch diameter spun iron pipe between Trethinna and Polyphant at an estimated cost of £3,915. This link main enables the water resources of each area to be used more effectively, and also forms part of a long term plan to supply the whole of the rural district with water from a single source.

Liskeard Rural District — Because of serious seasonal water shortages in the village of Menheniot, 2,200 yards of 4-inch spun iron pipe has been laid and a temporary supply of water obtained by boosting from water mains in Liskeard Borough to a 15,000 gallon steel section service reservoir at Menheniot. When the proposed regional water distribution scheme for this area is implemented, the booster station and reservoir will become redundant, but the 4-inch diameter pipeline will remain as part of the permanent distribution system.

North East Cornwall Water Board

In this area the two local authorities are Bude-Stratton Urban District and Stratton Rural District. The Urban District Council is an independent water authority obtaining supplies from an impounded reservoir on the upper reaches of the River Tamar.

Responsibility for supplying water to the majority of parishes in Stratton Rural District has been taken over by North Devon Water Board and during the year this undertaking has made further progress on implementing parts of the £250,000 comprehensive water scheme proposed for the rural district.

A 7,220 yard extension of an existing water main at Whitstone was completed during the year at an estimated cost of £16,000, thus enabling mains water to be made available in the hamlets of Wilsworthy Cross, North Tamerton and Deerbridge.

Progress was made on a contract to install 8,200 yards of 8-inch diameter spun iron pipe from North Devon Water Board's trunk main at Bradworthy to a proposed new 500,000 gallon service reservoir at Welcome. This contract is unusual in that it relates to work carried out wholly in the County of Devon, but required principally for supplying water to parishes in Cornwall. The estimated cost of this scheme to Stratton Rural District Council is £17,000, the remainder of the cost, amounting to £14,400, being borne by North Devon Water Board.

Future Proposals

Schemes of water supply approved by the County Council under the Rural Water Supplies and Sewerage Act, 1944 — 1955 during 1961 were as follows:—

Water Authority	Scheme	Estimated Cost £	Action taken
North Devon Water Board	Bradworthy—Welcome trunk main extension to serve Stratton rural district	31,400	Approved
do.	Stratton rural district—Construction of Reservoir and installation of trunk main from Welcome to Kilkhampton	81,600	Approved
do.	Stratton rural district—Water main extension to serve Raggot Hill and Venton Cross ...	4,070	County Council not to make grant
do.	Stratton rural district—Jacobstow water main extension	700	Approved
North Cornwall Water Board	Wadebridge rural district—Water main extensions to Millpark and Cardinham ...	26,845	Approved
East Cornwall Water Board	Launceston rural district—Trethenna to Polyphant Link main ...	3,915	Approved
Camborne-Redruth Urban District	Reskaddinnick—Water main extension ...	3,340	Approved
do.	Bolenowe Water main extension	2,882	Approved
do.	Stennack Water main extension	1,870	Approved
Truro Rural District	Stithians Impounding Scheme—Water Distribution Stages 1 and 2	190,780	Approved subject to conditions

Water Authority	Scheme	Estimated Cost £	Action taken
Kerrier Rural District	Stithians Water Distribution Scheme—4th instalment	163,000	Approved
West Cornwall Water Board	West Penwith rural district—Main extension to Madron	7,200	Approved
do.	Drift Impounding Reservoir Comprehensive Water Distribution Scheme—Installation of trunk main to serve Ludgvan, Crowlas, Marazion, Perranuthnoe, St. Hilary, Relubbus, Hayle, St. Erth and Rosudgeon ...	147,000	Approved

SEWERAGE AND SEWAGE DISPOSAL

Capital expenditure on schemes of sewerage and sewage disposal carried out during 1961 is itemised in the following Table, but in total twenty-two schemes estimated to cost £347,880 were either completed or in progress during this period.

Most rural district councils endeavour to ensure a continuity of work on sewerage and sewage disposal contracts and in pursuance of this policy nine new schemes were prepared and submitted for County Council observations.

The Rural Water Supplies and Sewerage Act, 1944, gave rural authorities a financial incentive to provide modern sewerage and sewage disposal systems within their districts. However, at that time the urgent need of a piped water supply in most villages absorbed available resources and resulted in little work on sewerage schemes being undertaken before 1950. Provision of mains water produced a public demand for modern sanitary facilities, and since 1950 the rural district councils, with one exception, have been implementing sewerage and sewage disposal schemes with such vigour that by the end of 1961 a total of eighty-five schemes estimated to cost £1,406,167 had been completed or were in progress. This considerable expenditure on rural sewerage has undoubtedly done much to improve public health; it has also enabled considerable housing improvement and building development to be carried out, thereby increasing the rateable value of the County. In the long term money spent on sewerage and sewage disposal schemes may well prove to be one of the best investments made by the County in terms of both public health and increased revenue. The following Table shows contracts in progress or completed during the year:—

Local Authority	Scheme	Estimated Cost £	Remarks
Kerrier Rural District	Constantine sewerage and sewage disposal...	75,140	Contract commenced September 1961
	St. Keverne sewerage and sewage disposal ...	29,666	Completed
	Nancegollan sewerage and sewage disposal ...	10,936	Completed
	Mullion sewerage improvement ...	8,900	90% completed
Liskeard Rural District	Menheniot sewerage and sewage disposal ...	18,880	Completed
	Lanreath sewerage and sewage disposal ...	7,975	Completed
	Duloe sewerage and sewage disposal ...	7,536	Completed
	Tredinnick sewerage and sewage disposal ...	2,115	Completed
Launceston Rural District	Trebullet sewage disposal works reconstruction...	1,000	Completed
St. Austell Rural District	St. Dennis sewerage and sewage disposal works improvement scheme...	12,920	Completed
	St. Stephens sewerage and sewage disposal ...	16,000	Contract commenced 4.12.61.
St. Germans Rural District	St. Mellion sewer extension and new disposal works ...	1,500	Completed
	Downderry—new sea outfall ...	1,500	Completed
Stratton Rural District	Woodford sewage treatment plant ...	3,000	Completed
	Stibb sewerage and sewage disposal ...	1,850	Completed
Truro Rural District	Chacewater sewerage and sewage disposal ...	19,862	Completed
	Mylor Bridge sewerage and sewage disposal ...	41,048	90% completed
	Portloe sewerage and sewage outfall ...	14,779	90% completed
West Penwith Rural District	Sennen sewer extensions	6,150	Completed
	Hayle sewer extensions...	3,970	Completed
	St. Erth sewerage and sewage disposal ...	62,533	75% completed
	Treen sewer extension ...	620	Completed

Schemes of sewerage and sewage disposal submitted to the County Council during the year:—

Local Authority	Scheme	Estimated Cost £	Action taken
Kerrier Rural District	Constantine sewer extensions	5,440	Approved
	Mullion sewerage improvement (Amended scheme)	8,900	Approved
Launceston Rural District	Stokeclimsland and Venterden sewerage and sewage disposal ...	17,600	Approved
	Trebulet sewerage treatment plant reconstruction	1,000	Approved
St. Austell Rural District	Roche sewerage and sewage disposal improvement scheme ...	21,000	Approved
Truro Rural District	Carnon Downs and Devoran Sewerage and sewage disposal ...	65,672	Approved
Wadebridge Rural District	Lanivet sewerage and sewage disposal ...	34,750	Approved subject to conditions
West Penwith Rural District	Sennen sewer extension...	6,150	Approved
	Treen sewer extension ...	620	Approved

MINISTRY OF HOUSING AND LOCAL GOVERNMENT INQUIRIES

The following Inquiries were attended during the year —

Camborne-Redruth Urban District

Water mains reorganisation scheme.

East Cornwall Water Board

Application for an Order permitting an increase in the amount of water abstracted from Rushyford and Withy Brooks.

Launceston Rural District

Lewannack, Holyway Cross and Polyphant Water Scheme.

Liskeard Rural District

- | | | | | | |
|--|---|---|---|---|---|
| (i) Lanreath Sewerage and Sewage Disposal Scheme | | | | | |
| (ii) Duloe | „ | „ | „ | „ | „ |
| (iii) Tredinnick | „ | „ | „ | „ | „ |
| (iv) Pensilva | „ | „ | „ | „ | „ |
| (v) Crows Nest | „ | „ | „ | „ | „ |
| (vi) Minions | „ | „ | „ | „ | „ |

Lostwithiel Borough

Sewerage and sewage disposal investigation.

Saltash Borough

Saltmill Creek Refuse Tip Planning Inquiry.

Truro Rural District

- (i) Feock village building development — Planning Inquiry
- (ii) Mylor Dockyard Development — Planning Inquiry
- (iii) Mitchell sewerage and sewage disposal scheme
- (iv) Tregony sewerage and sewage disposal scheme

West Cornwall Water Board

Drift Impounding Reservoir and water distribution system in S.W. and N.W. parts of Board's area.

West Penwith Rural District

Gwinear, Gwithian and Angarrack sewerage and sewage disposal scheme.

RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944-1955

Summary showing schemes of water supply, sewerage and sewage disposal submitted by local authorities and other water undertakings for the County Council's observations since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, to the 31st December, 1961, and the progress made with such schemes.

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GRANTS TOWARDS SCHEMES APPROVED											
SCHEMES SUBMITTED				GRANT REFUSED BY MINISTRY		BY MINISTRY			BY COUNTY COUNCIL		
						Lump Sum Grants	P.A. for 12 years	P.A. for 30 years	Lump Sum Grants	P.A. for 35 years	P.A. for 30 years
No.	Est. Cost £	No.	Est. Cost £	Amount £	Amount £	Amount £	Amount £	Amount £	Amount £	Amount £	P.A. for 12 years and less
Water	133* | 6,270,723	21 | 203,292		296,900	573	45,403	16,568	1,794	56,350	2,044	
Sewerage	119* 2,412,396	11 121,564		79,850	—	13,552	3,950	—	17,701	—	
Totals	252* £8,683,119	32 £324,856		£376,750	£573	£58,955	£20,518	£1,794	£74,051	£2,044	

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*These figures do not include schemes submitted and later abandoned.

Of the 133 schemes of water supply submitted, 118, estimated to cost £4,582,018 had been completed or were in progress at the end of December, 1961.

Of the 119 schemes of sewerage and sewage disposal submitted, 85, estimated to cost £1,406,167 had been completed or were in progress at the end of December, 1961.

MEAT INSPECTION

District councils are responsible for inspecting animals slaughtered for human consumption. The following statistical information relating to the number of animals killed and examined in Cornwall during 1961 has been made available by courtesy of district medical officers of health and public health inspectors of the local authorities concerned.

			CATTLE			Sheep and	Pigs
			Cows	Calves	Others	lambs	
Number killed	...	...	10,017	44,338	34,078	227,692	266,217
Number inspected	...	...	9,108	38,006	32,167	196,433	242,147
All diseases except cysticercosis and tuberculosis:							
(a) Whole carcase condemned	...	...	171	180	43	634	368
(b) Carcase of which some part or organ was condemned	...	...	2,996	369	6,829	8,656	13,722
Tuberculosis only:							
(a) Whole carcase condemned	...	...	57	12	2	—	35
(b) Carcase of which some part or organ was condemned	...	...	630	148	299	—	3,913
Cysticercosis only:							
(a) Whole carcase condemned	...	...	2	—	—	—	—
(b) Carcase of which some part or organ was condemned	...	...	43	6	113	—	—
*Gross weight of meat condemned			...	148 tons, 7 cwt., 1 qr., 11 lbs.			

* This figure is incomplete as six of the twenty-two district councils who undertake inspection of meat at Slaughter-houses do not record the weight of meat condemned.

HOUSING

Enforcing the provisions of the Housing Acts is the duty and responsibility of district councils and the information contained in the Tables on pages 122—130 has been made available by courtesy of the thirty local authorities within the County.

The number of permanent houses, including flats, in Cornwall on the 31st December, 1961, was 117,883 and of these 17,531 were owned by district councils. The population of the County, according to the Registrar General's estimate is 333,590, thus the ratio of existing houses to population is approximately one to every three persons. At the end of December, 1961, the number of applicants for houses on local authorities' lists was 5,832.

Of the 1,686 new houses constructed within the County during the year, local authorities provided 564 and private enterprise 1,122.

Demolition carried out during 1961 accounted for 282 houses of which 30 were local authority-owned properties certified unfit by the medical officers of health. Closures were applied to 218 unfit houses, and in 9 cases, to parts of buildings found to be unsuitable for human habitation.

As a result of action by local authorities 1,066 unfit houses were rendered fit during the year; 84 of these being improved after formal notice had been issued under Housing or Public Health Acts, and 982 in consequence of informal action by local authority officers.

Within the County 845 houses have been specially provided for and are occupied by, persons of pensionable age, and in respect of 203 of these the County Council make a financial contribution toward welfare services.

Housing Acts 1958-59 — Improvement Grants

There are two categories of grant available to property owners — (a) Standard, and (b) Discretionary. The Standard grant enables an owner to obtain half the cost (subject to maximum £155) of providing certain amenities which his house lacks. The Discretionary grant is for more extensive work of house improvement.

During the year district councils paid £154,388 toward completed discretionary grant schemes, and approved new applications in respect of 551 properties. Applications for discretionary grants relating to 44 houses were refused.

Applications for standard grants numbered 555 and of these 520 were approved. The sum paid by district councils toward schemes completed amounted to £46,351.

Housing (Financial Provisions) Act, 1958 — County Council Contributions.

Where an Exchequer contribution of the special standard amount is made by the Ministry of Housing and Local Government to district councils, principally in respect of houses for the agricultural population, then the County Council is also required to make a contribution.

These contributions are payable for a period of sixty years at varying rates of £1; £1.10s.0d.; or £2.10s.0d. per house according to the date when the schemes are approved by the Ministry. In 1961 the County Council paid £1,494 to eighteen district councils, as follows:—

Boroughs			Rural Districts		
Helston	...	22 10 0	Camelford	...	89 0 0
Liskeard	...	3 0 0	Kerrier	...	191 10 0
Penryn	...	12 0 0	Launceston	...	89 10 0
Penzance	...	60 0 0	Liskeard	...	155 10 0
Saltash	...	4 10 0	St. Austell	...	61 0 0
			St. Germans	...	167 10 0
Urban Districts			Stratton	...	154 10 0
Bude-Stratton	...	10 0 0	Truro	...	202 0 0
Padstow	...	6 0 0	Wadebridge	...	81 0 0
St. Austell	...	24 0 0	West Penwith	...	160 10 0

HOUSING ACTS, 1957-1959

BOROUGH	FALMOUTH	POWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
Estimated population	15,020	2,100	6,960	4,420	4,460	1,920	4,680	19,010	8,580	7,360	13,460	184,100
(a) Total number of permanent houses at 31st December, 1961	5,139	1,000	2,243	1,474	1,501	690	1,458	8,269	3,326	2,436	4,472	33,538
(b) Total number of permanent houses owned by local authority at 31st December, 1961	1,389	140	526	287	324	109	531	1,628	681	574	1,213	7,884
(a) New houses erected during 1961 —												
(i) By Local Authority	7	—	20	19	6	—	31	7	2	17	45	172
(ii) By Private Enterprise	69	9	64	12	18	3	32	21	38	28	74	395
(b) Number of applicants on housing list at end of year	483	60	192	144	165	57	112	179	154	96	375	2,167
Number of houses specially provided for, and occupied by, people of pensional age —												
(a) Receiving contribution from County Council for Welfare Services	17	—	—	—	20	—	—	—	—	—	55	92
(b) Other houses	—	—	51	15	—	—	6	—	48	—	2	230
Houses demolished —												
(a) In clearance areas —												
(i) Houses unfit for human habitation	4	—	—	36	—	—	—	4	—	19	35	98
(ii) Houses included by reason of bad arrangements, etc.	—	—	—	4	—	—	—	—	—	—	—	8
(iii) Houses on land acquired under Section 43(2) Housing Act, 1957	—	—	—	14	—	—	—	—	—	4	—	18

BOROUGH	...	...	...	...	BODMIN	FALMOUTH	FOWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
(ii) Section 9 and 16 Housing Act, 1957—																	
By Owner	...	...	...	...	3	—	—	2	—	—	—	—	9	—	—	9	23
By Local Authority	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Under Section 24, Housing Act, 1957—																	
By Owner	...	...	...	...	—	—	—	1	—	—	—	—	—	—	—	—	1
By Local Authority	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Unfit houses in temporary use (Housing Act, 1957)																	
...	...	...	...	...	—	—	—	9	—	—	—	—	—	—	—	—	9
9. Purchase of houses by agreement																	
...	...	...	...	...	9	—	—	—	4	—	—	—	11	—	—	2	26
10. Housing Acts 1958—1959—																	
Improvement Grants—																	
(a) Discretionary—																	
Number of applicants received—dwellings	...	...	...	...	2	35	—	18	—	11	2	2	47	6	4	23	150
Number of applications approved	...	...	...	...	2	32	—	18	—	9	2	2	47	6	4	23	145
Total approved expenditure	...	...	...	...	£323	£7,150	—	£3,728	—	£9,097	£380	£1,010	£39,638	£2,997	£1,277	£11,338	£76,938
Total amount of grants made	...	...	...	...	£200	£4,858	—	£3,629	—	£3,805	—	£505	£7,609	£1,445	£1,537	£5,669	£29,257
(b) Standard—																	
Number of applications received—dwellings	...	...	...	...	8	19	11	6	4	7	6	10	10	23	6	1	111
Number of applications approved	...	...	...	...	7	18	9	4	4	5	6	10	10	20	6	1	100
Total approved expenditure	...	...	...	...	£835	£905	£1,028	£540	£470	£1,455	£1,130	£1,510	£2,200	£2,775	—	£150	£12,998
Total amount of grants made	...	...	...	...	£355	£704	£514	£421	£190	£224	£674	£927	£261	£1,951	£319	£75	£6,615

HOUSING ACTS, 1957-1959

RURAL DISTRICT	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH	10 Rural Districts Total
1. Estimated population	6,710	23,990	5,990	13,310	20,600	14,410	4,630	26,920	14,140	16,790	147,490
2. (a) Total number of permanent houses at 31st December, 1961	2,491	7,122	1,942	4,896	6,736	5,638	1,703	10,426	5,192	6,085	52,231
(b) Total number of permanent houses owned by local authority at 31st December, 1961	257	758	97	571	782	610	184	999	647	723	5,628
3. (a) New houses erected during 1961 —											
(i) By Local Authority	—	55	—	22	10	16	—	54	41	26	224
(ii) By Private Enterprise	10	29	8	19	84	34	14	98	24	43	363
(b) Number of applicants on housing list at end of year	78	226	—	126	235	224	30	406	300	220	1,845
4. Number of houses specially provided for, and occupied by, people of pensionable age —											
(a) Receiving contribution from County Council Council for Welfare Services	—	—	—	—	—	—	—	42	25	32	99
(b) Other houses	3	—	—	15	—	14	7	—	—	74	113
5. Houses demolished —											
(a) In clearance areas —											
(i) Houses unfit for human habitation	—	19	—	3	—	4	—	3	—	11	40
(ii) Houses included by reason of bad arrangements, etc.	—	—	—	—	—	1	—	—	—	—	1
(b) Not in clearance areas —											
(i) As a result of formal or informal procedure under Section 16 or Section 17(1) Housing Act, 1957	—	1	—	6	—	14	1	—	—	3	25

RURAL DISTRICT		...	...	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH	10 Rural Districts Total
(c) Under Section 24, Housing Act, 1957 —														
By Owner		...	...	...	—	—	—	—	—	—	2	—	—	2
By Local Authority		...	...	...	—	—	—	—	—	—	—	—	—	—
8. Unfit houses in temporary use (Housing Act, 1957)														
...		—	—	—	—	—	—	—	—	—	—
9. Purchase of houses by agreement		...	...	...	—	—	—	—	—	—	—	—	—	—
10. Housing Acts 1958—1959 —														
Improvement Grants —														
(a) Discretionary —														
Number of applications received—dwellings				5	69	—	44	89	15	13	47	3	28	313
Number of applications approved—		"	"	5	63	—	44	85	.15	13	39	3	28	295
Total approved expenditure		...	...	£1,600	£49,198	—	£3,647	£36,483	£11,711	£6,404	£25,822	£1,452	£23,155	£159,472
Total amount of grants made		...	...	£800	£20,510	—	£12,039	£18,241	£3,732	£1,660	£11,743	£650	£21,610	£90,985
(b) Standard —														
Number of applications received—dwellings				14	36	29	39	10	17	32	40	40	28	285
Number of applications approved—		"	"	14	36	28	39	10	17	32	34	32	28	270
Total approved expenditure		...	...	£2,240	£7,791	£4,698	£5,750	£1,802	£3,304	£7,601	£6,440	—	£3,646	£43,272
Total amount of grants made		...	...	£1,979	£3,724	£1,927	£3,189	£901	£1,523	£2,755	£2,972	£4,187	£3,228	£26,385

HOUSING ACTS, 1957-1959

URBAN DISTRICTS	...	...	BUD-STRATTON	CAMBORNE-REDRUTH	LOOF	NEWQUAY	PADSTOW	ST. AUSTELL	ST. JUST	TORPOINT	Urban Districts Total
1. Estimated population	...	...	4,910	35,570	3,670	10,730	2,560	24,840	3,540	6,230	92,050
2. (a) Total number of permanent houses at 31st December, 1961	...	...	*1,785	12,147	1,545	4,217	998	8,672	1,450	1,300	32,114
(b) Total number of permanent houses owned by local authority at 31st December, 1961	...	...	205	1,663	208	546	138	872	94	293	4,019
3. (a) New houses erected during 1961 —											
(i) By Local Authority	...	...	—	55	—	59	5	33	—	16	168
(ii) By Private Enterprise	...	...	9	130	34	79	7	102	3	—	364
(b) Number of applicants on housing list at end of year	...	...	117	630	44	184	58	640	42	105	1,820
4. Number of houses specially provided for, and occupied by, people of pensionable age —											
(a) Receiving contribution from County Council for Welfare Services	...	...	—	—	—	12	—	—	—	—	12
(b) Other houses	...	...	3	120	—	—	—	140	—	36	299
5. Houses demolished —											
(a) In clearance areas —											
(i) Houses unfit for human habitation	...	...	—	5	—	—	—	—	—	—	5
(ii) Houses included by reason of bad arrangements, etc.	...	...	—	—	—	—	—	—	—	—	—
(iii) Houses on land acquired under Section 43(2) Housing Act, 1957	...	...	—	—	—	—	—	—	—	—	—

URBAN DISTRICTS	...	...	BUD- STRATON	CAMBORNE- REDRUTH	LOOE	NEWQUAY	PADSTOW	ST. AUSTELL	ST. JUST	TORPOINT	Urban Districts Total
(ii) Sections 9 and 16 Housing Act, 1957 —											
By Owner	...	...	—	1	—	—	—	2	1	—	4
By Local Authority	...	...	—	—	—	—	—	—	—	—	—
(c) Under Section 24, Housing Act, 1957 —											
By Owner	...	...	—	1	—	—	—	—	—	—	1
By Local Authority	...	...	—	—	—	—	—	—	—	—	—
8. Unfit houses in temporary use (Housing Act, 1957)											
...	—	—	—	—	—	—	—	—	—
9. Purchase of houses by agreement											
...	...	...	—	—	—	16	—	—	—	—	16
10. Housing Acts 1958—1959 —											
Improvement Grants —											
(a) Discretionary —											
Number of applications received—dwellings											
Number of applications approved—	...	...	—	56	—	12	—	59	3	2	132
Total approved expenditure	...	...	—	54	—	—	—	52	3	2	111
Total amount of grants made	...	...	—	£34,439	—	£2,308	—	£12,813	£1,952	£1,030	£52,542
Standard —	...	...	—	£18,763	—	£3,825	—	£10,068	£975	£515	£34,146
(b) Standard —											
Number of applications received—dwellings											
Number of applications approved—	...	...	7	83	16	6	6	33	8	—	159
Total approved expenditure	...	...	5	80	15	7	6	29	8	—	150
Total amount of grants made	...	...	£675	£20,570	£2,652	£658	£810	£3,815	£1,240	£115	£30,535
	...	...	£568	£6,828	£1,305	£950	£105	£3,419	£99	£77	£13,351

* Estimated from Ministry of Housing and Local Government Quarterly Returns.

TABLE I

Estimated Population and Total Number of Births and Deaths in each County District for the year 1961

AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POP- ULATION 1961	LIVE BIRTHS.								DEATHS.								
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor	Stillbirths.	Under 1 Year.				At all Ages.				
			Males	Females	Males	Females					Males	Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
URBAN.																			
3,312	Bodmin	6,080	49	25	2	2	78	12.83	1.37	3	4	..	4	51.28	63	88	151	24.84	0.35
4,294	Bude-Stratton	4,910	31	23	1	5	60	12.22	1.11	3	1	..	1	16.67	44	41	85	17.31	0.71
22,062	Camborne—																		
	Redruth	35,570	261	265	15	7	548	15.41	1.00	11	9	5	14	25.55	232	262	494	13.89	0.91
1,880	Falmouth	15,020	143	112	6	4	265	17.64	1.08	8	5	1	6	22.64	131	123	254	16.91	0.90
2,979	Fowey	2,100	14	10	1	..	25	11.90	1.06	3	..	..	..	..	20	19	39	18.57	0.86
4,014	Helston	3,960	78	87	1	3	169	24.28	0.92	3	1	1	2	11.83	46	44	90	12.93	0.74
2,182	Launceston	4,420	26	33	3	2	64	14.48	1.06	..	1	..	1	15.63	41	41	82	18.55	0.61
2,704	Liskeard	4,460	25	24	1	2	52	11.66	1.10	3	..	..	..	..	29	56	85	19.06	0.49
1,691	Looe	3,670	10	10	3	2	25	6.81	1.15	1	..	..	..	..	34	30	64	17.44	0.75
3,156	Lostwithiel	1,920	13	5	2	..	20	10.42	1.08	1	2	..	2	100.00	17	20	37	19.27	0.71
4,599	Newquay	10,730	83	86	6	3	178	16.59	1.04	7	3	1	4	22.47	70	68	138	12.86	0.75
3,343	Padstow	2,560	20	20	..	1	41	16.02	0.97	..	1	1	2	48.78	18	23	41	16.02	0.84
829	Penryn	4,680	41	21	6	4	72	15.38	0.93	..	2	1	3	41.67	25	26	51	10.90	1.18
3,155	Penzance	19,010	136	100	7	6	249	13.10	1.08	6	1	3	4	16.06	122	137	259	13.62	0.84
18,379	St. Austell	24,840	159	156	7	9	331	13.33	1.09	18	6	1	7	21.15	176	192	368	14.81	0.80
4,287	St. Ives	8,580	46	47	..	6	99	11.54	1.07	2	..	..	..	..	68	86	154	17.95	0.70
7,634	St. Just	3,540	24	21	1	3	49	13.84	1.13	..	1	..	1	20.41	28	37	65	18.36	0.87
5,335	Saltash	7,360	56	31	4	2	93	12.64	1.03	2	1	2	3	32.26	43	51	94	12.77	0.85
975	Torpoint	6,230	32	46	..	..	78	12.52	1.25	..	1	..	1	12.82	27	24	51	8.19	1.52
2,634	Truro City	13,460	83	90	2	7	182	13.52	0.99	1	..	4	4	21.98	76	88	164	12.18	0.90
99,444	TOTALS	186,100	1330	1212	68	68	2,678	14.39	1.06	72	39	20	59	22.03	1,310	1,456	2,766	14.86	0.81
RURAL.																			
52,544	Camelford	6,710	41	38	7	3	89	13.26	1.13	1	1	1	2	22.47	53	53	106	15.80	0.90
90,839	Kerrier	23,990	145	129	6	8	288	12.01	1.06	6	7	3	10	34.72	133	135	268	11.17	0.99
73,051	Launceston	5,990	52	46	..	2	100	16.69	1.12	3	1	2	3	30.00	36	42	78	13.02	0.88
104,803	Liskeard	13,310	81	72	10	5	168	12.62	1.13	7	2	1	3	17.86	91	103	194	14.58	0.86
82,389	St. Austell	20,600	166	154	11	3	324	16.21	1.05	11	5	2	7	20.96	143	106	249	12.09	0.98
48,433	St. Germans	14,410	91	104	2	3	200	13.88	1.17	3	2	..	2	10.00	137	114	251	17.42	0.96
56,285	Stratton	4,630	28	38	2	..	68	14.69	1.30	1	..	1	1	14.71	24	25	49	10.58	1.08
108,316	Truro	26,920	189	168	20	16	393	14.60	1.12	10	10	4	14	35.62	211	186	397	14.75	0.81
88,230	Wadebridge	14,140	134	131	3	5	273	19.31	0.94	8	2	2	4	14.65	80	81	161	11.38	0.85
59,792	West Penwith	16,790	132	110	6	11	259	15.43	1.05	2	2	..	2	7.72	112	125	237	14.12	0.89
764,682	TOTALS	147,490	1059	990	67	56	2,172	14.73	1.09	52	32	16	48	22.10	1,020	970	1,990	13.49	0.91
864,126	Whole County	333,590	2389	2202	135	124	4,850	14.54	1.07	124	71	36	107	22.06	2,330	2,426	4,756	14.26	0.86
4,041	Isles of Scilly	1,800	13	17	..	1	31	17.22	0.94	..	..	..	..	..	7	6	13	7.22	1.09

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England & Wales

Estimated Population and Total Number of Births and Deaths in Cornwall (excluding the Isles of Scilly) during Recent Years

YEAR	ESTI- MATED POPU- LATION	LIVE BIRTHS						Stillbirths	DEATHS							
		Legitimate			Illegitimate				Rate per 1,000 live Births	Under 1 Year			At all Ages			
		Males	Females	Total	Males	Females	Total			Males	Females	Total	Rate			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1900	320,420	3957	3842	*	*	7799	24.3	†	*	*	985	126.3	2498	2773	5271	16.5
1910	320,613	3434	3288	*	*	6722	21.0	†	*	*	575	85.5	2298	2308	4606	14.4
1920	(a) 317,970 (b) 318,713	3403	3240	190	158	6991	22.0	†	249	167	416	59.5	1978	2215	4193	13.2
1930	(a) 318,028 (b) 312,807	2280	2096	123	123	4622	14.8	225	137	100	237	51.3	1985	2284	4269	13.7
1940	329,138	2127	1945	100	96	4268	13.0	163	116	90	206	48.3	2357	2567	4924	15.0
1941	371,382	(a) 2215 (c) 2456	2125 2339	161 160	132 134	4633 5089	12.5	183	159	108	267	52.5	2465	2721	5186	14.0
1942	344,944	2402	2200	160	144	4906	14.2	180	135	93	228	46.5	2127	2301	4428	12.8
1943	327,163	2386	2243	186	157	4972	15.2	164	106	72	178	35.8	2201	2388	4589	14.0
1944	322,513	2621	2591	294	260	5766	17.9	180	132	99	231	40.1	2197	2359	4556	14.0
1945	313,559	2233	2182	323	271	5009	16.0	178	101	84	185	37.0	2214	2367	4581	14.6
1946	318,139	2738	2569	224	198	5729	18.0	156	136	87	223	39.0	2168	2387	4555	14.3
1947	324,185	2899	2746	206	163	6014	18.6	177	136	77	213	34.9	2286	2449	4735	14.6
1948	329,828	2601	2465	172	137	5375	16.3	136	117	69	186	34.6	2095	2169	4264	12.9
1949	(d) 330,247 (e) 339,077	2434	2374	142	147	5097	15.4	130	99	65	164	32.2	2242	2416	4658	14.1
1950	339,999	2333	2236	124	126	4819	14.2	125	79	66	145	29.2	2254	2418	4672	13.8
1951	(e) 339,800	2306	2321	129	109	4865	14.3	114	98	65	163	33.0	2370	2493	4863	14.3
1952	(e) 341,861	2379	2282	116	100	4877	14.3	115	84	65	149	30.6	2105	2271	4376	12.8
1953	(e) 341,463	2306	2218	94	134	4752	14.0	118	77	51	128	27.0	2193	2322	4515	13.2
1954	(e) 341,350	2420	2198	100	101	4819	14.1	158	67	33	100	20.8	2308	2209	4517	13.2
1955	(e) 339,760	2108	2108	113	89	4418	13.0	129	76	42	118	26.7	2304	2370	4674	13.8
1956	(e) 338,760	2298	2231	115	107	4751	14.0	132	55	55	110	23.2	2292	2337	4629	13.7
1957	(e) 338,770	2350	2225	94	100	4769	14.1	149	66	52	118	24.7	2217	2287	4504	13.3
1958	(e) 337,380	2469	2205	107	89	4870	14.4	129	62	32	94	19.3	2312	2318	4630	13.7
1959	(e) 337,580	2400	2155	80	99	4734	14.0	126	49	32	81	16.9	2196	2332	4528	13.4
1960	(e) 337,110	2440	2303	116	90	4949	14.7	99	55	32	87	17.6	2306	2300	4606	13.7
1961	(e) 333,590	2389	2202	135	124	4850	14.5	124	71	37	108	22.1	2330	2426	4756	14.3

* not distinguished

† not available

(a) for birth rate

(b) for death rate

(c) total population

(c) for infant and maternal mortality rates

(d) civilian population for birth and death rates
(including non-civilians stationed in the County)

TABLE III

Infectious Diseases notified in each District during the year 1961

COUNTY DISTRICT	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism	Totals
URBAN															
Bodmin ...	2	-	-	107	-	-	-	-	1	-	-	-	-	-	110
Bude-Stratton ...	-	2	-	16	-	-	-	-	-	1	-	-	-	-	19
Camborne-Redruth ...	6	70	-	902	44	2	-	-	-	55	-	3	8	-	1090
Falmouth ...	5	6	-	549	2	-	-	-	18	1	-	-	-	-	581
Fowey ...	-	-	-	3	-	-	-	-	-	-	-	-	-	-	3
Helston ...	2	1	-	273	-	-	-	1	-	-	-	-	-	-	277
Launceston ...	-	9	-	105	-	-	-	-	-	1	-	-	-	-	115
Liskeard ...	-	-	-	149	8	-	-	-	-	-	-	-	-	-	157
Looe ...	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Lostwithiel ...	-	2	-	68	-	-	-	-	-	-	-	-	-	-	70
Newquay ...	1	3	-	159	-	-	-	-	-	-	-	-	-	-	163
Padstow ...	2	-	-	99	-	-	-	-	-	-	-	-	-	-	101
Penryn ...	1	-	-	86	-	-	-	-	-	1	-	-	-	-	88
Penzance ...	-	5	-	196	2	-	-	1	10	4	-	1	-	-	219
St. Austell ...	2	11	-	95	2	1	-	1	-	-	-	-	-	1	113
St. Ives ...	-	-	-	21	-	-	-	-	-	-	-	-	1	-	22
St. Just ...	-	-	-	149	-	-	-	-	-	-	-	-	-	-	149
Saltash ...	4	18	-	183	15	-	-	-	-	1	-	-	6	-	228
Torpoint ...	-	-	-	34	-	-	-	-	-	-	-	-	-	-	34
Truro City ...	2	-	-	487	2	-	-	-	-	-	-	-	-	-	491
TOTALS ...	27	127	-	3682	76	3	-	3	29	64	-	4	15	1	4031
RURAL															
Camelford ...	20	12	-	243	1	-	-	-	-	-	-	-	-	-	276
Kerrier ...	2	16	-	407	3	-	-	-	-	2	-	-	-	-	430
Launceston ...	3	20	-	191	-	-	-	-	-	-	-	-	1	-	215
Liskeard ...	-	15	-	212	14	-	-	-	-	-	-	-	-	-	241
St. Austell ...	17	24	-	252	3	-	-	1	-	-	-	-	-	-	297
St. Germans ...	11	48	-	252	6	-	-	-	-	1	-	-	2	-	320
Stratton ...	-	5	-	45	-	-	-	-	-	-	-	-	-	-	50
Truro ...	6	65	-	716	9	-	-	1	10	1	-	5	-	-	813
Wadebridge ...	11	8	-	328	1	-	-	-	-	-	-	12	-	-	360
West Penwith ...	1	29	-	361	8	-	-	-	-	-	-	-	-	-	399
TOTALS ...	71	242	-	3007	45	-	-	2	10	4	-	17	3	-	3401
Whole County ...	98	369	-	6689	121	3	-	5	39	68	-	21	18	1	7432

Malaria ... 1 (Penzance M.B.) Believed contracted abroad.

TABLE IV
NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN
RECENT YEARS

Infectious Disease	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Scarlet Fever ...	284	236	162	124	90	83	68	190	167	98
Whooping Cough ...	421	1211	1294	279	351	1234	142	92	192	369
Diphtheria ...	11	8	—	1	—	3	1	—	—	—
Measles ...	1041	6391	551	2255	5216	2846	2593	2462	360	6689
Pneumonia ...	157	184	203	222	175	189	149	127	86	121
Meningococcal Infection ...	7	2	7	11	3	3	1	9	3	3
Acute Poliomyelitis	21	30	10	35	8	24	14	13	7	—
Acute Encephalitis	5	5	2	5	4	1	4	2	4	5
Dysentery ...	20	19	102	21	6	7	37	35	35	39
Ophthalmia Neonatorum ...	3	3	1	—	2	1	2	1	2	—
Eruptive Pyrexia	124	127	143	135	156	146	106	83	79	68
Paratyphoid Fevers ...	4	2	—	1	1	1	1	2	1	—
Typhoid Fever (excluding Paratyphoid) ...	—	—	—	—	—	1	2	1	—	—
Food Poisoning ...	68	44	44	63	63	35	40	51	36	21
Erysipelas ...	27	24	26	33	37	19	25	16	26	18
Malaria ...	2	2	1	—	1	—	1	—	—	1
Acute Rheumatism ...	5	4	8	—	4	3	1	4	2	1
TOTALS	2200	8292	2554	3185	6117	4596	3187	3088	1000	7433

* In persons under 16 years of age (notifiable from 1.10.50)

TABLE V

CAUSES OF DEATH AT SPECIFIED AGES, 1961

	All Ages	0—		1—		5—		15—		25—		45—		65—		75—		Totals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	19	—	—	1	—	—	—	—	—	—	2	7	2	1	3	1	2	10	9
2. Tuberculosis, other	4	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1	—	4	—
3. Syphilitic disease	4	—	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	1	3
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
9. Other infective and parasitic diseases	15	—	—	1	—	2	—	—	—	1	—	6	1	2	—	1	1	13	2
10. Malignant neoplasm:																			
stomach	117	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
do. lung bronchus	126	—	—	—	—	—	—	—	—	2	1	20	7	25	15	22	25	69	48
do. breast	72	—	—	—	—	—	—	1	—	6	—	49	9	34	12	11	4	101	25
do. uterus	42	—	—	—	—	—	—	—	—	—	7	—	31	—	14	20	—	—	72
14. Other malignant lymphatic neoplasms	416	—	—	—	—	3	1	1	—	9	9	72	53	75	62	63	67	224	192
15. Leukaemia, aleukaemia	21	—	—	—	—	—	1	—	—	—	1	2	4	4	5	2	2	8	13
16. Diabetes	51	—	—	—	—	—	—	—	—	2	—	7	8	8	14	3	9	20	31
17. Vascular lesions of nervous system	680	—	—	—	—	—	—	—	—	—	—	38	48	78	122	148	243	264	416
18. Coronary disease, Angina	728	—	—	—	—	—	—	—	—	8	2	145	44	163	84	158	124	474	254
19. Hypertension with heart disease	92	—	—	—	—	—	—	—	—	—	—	7	6	8	18	16	36	31	61
20. Other heart disease	1004	—	—	—	—	—	—	1	1	3	2	37	36	110	109	251	454	402	602
21. Other circulatory disease	198	—	—	—	—	—	—	—	—	2	2	10	13	24	27	44	76	80	118
22. Influenza	46	1	—	—	—	—	—	—	1	1	—	4	6	4	7	12	10	22	24
23. Pneumonia	184	8	6	1	—	—	—	—	—	—	—	10	11	19	21	53	54	92	92

24. Bronchitis	116	2	—	—	—	—	—	—	1	2	16	5	31	10	26	23	76	40
25. Other disease of respiratory system	50	—	—	—	—	—	—	—	1	1	10	2	7	4	9	14	28	22
26. Ulcer of stomach and duodenum	19	—	—	—	—	—	—	—	—	—	2	—	4	1	6	6	12	7
27. Gastritis, enteritis, and diarrhoea	20	—	—	—	—	—	—	—	—	—	4	3	1	2	1	8	6	14
28. Nephritis and nephrosis...	35	—	—	—	—	—	—	—	2	1	2	3	5	6	9	5	19	16
29. Hyperplasia of prostate...	46	—	—	—	—	—	—	—	—	—	2	—	12	—	32	—	46	—
30. Pregnancy, childbirth abortion	4	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	4
31. Congenital malformations	33	11	9	—	—	—	—	—	—	1	3	3	—	1	—	—	14	19
32. Other defined and ill-defined diseases	404	46	20	—	—	—	—	—	3	11	30	34	41	38	59	102	190	214
33. Motor vehicle accidents...	50	—	—	—	—	—	—	—	10	2	7	3	4	6	2	2	33	17
34. All other accidents	128	2	2	—	—	—	—	—	13	1	22	5	6	10	12	39	65	63
35. Suicide	42	—	—	—	—	—	—	—	8	1	13	6	6	5	3	—	30	12
36. Homicide and operations of war	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Totals	*4769	71	37	8	5	13	12	24	16	75	61	526	359	674	608	946	1334	2337 2432

* including 13 deaths in the Isles of Scilly

